Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:
 - Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
 - Using the CoC Application Detailed Instructions while completing the application in e-snaps.
 - Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

 - This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
 - For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
 - Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

  For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed
Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical
questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: AZ-502 - Phoenix, Mesa/Maricopa County CoC

1A-2. Collaborative Applicant Name: Maricopa Association of Governments

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Community Information and Referral

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings.
Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board.
Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	No	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC is overseen by a Board representing a broad intersection of the community. Board members serve on work groups that also include members representing government, law enforcement, health care, crisis response, PHAs, youth, street outreach, advocates, formerly homeless individuals, providers, the Regional Behavioral Health Authority, school liaisons, and other interests. The hospital representative works to bring the health care voice to regional efforts. Leading the CoC connections with mainstream resources around Medicaid and behavioral health, she heads a group looking at "frequent users" of services to fold in insurers, corrections, hospitals, and other systems impacted by homelessness. The formerly homeless representative represents outreach in addition to a homeless service provider. He helps the Board understand the perspective of those that utilize the homeless services system and his expertise was integral to the adoption of Outreach Standards by the CoC this year.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Tumbleweed Center for Youth Development	Yes	Yes	No
Native American Connections - Homebase Youth Services	No	Yes	Yes
One N Ten (LGBTQ Youth)	No	No	No
Arizona Legal Women and Youth Services (ALWAYS)	No	No	No
Homeless Youth Connection	No	No	No
Arizona Department of Education-Zipcode Project	No	No	No
City of Phoenix	No	Yes	Yes
City of Tempe	No	Yes	Yes
A New Leaf	No	Yes	No
Mulligan's Manor	No	No	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member

or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Arizona Coalition to End Sexual and Domestic Violence	Yes	No
UMOM New Day Centers	Yes	Yes
Save the Family Foundation of Arizona	Yes	No
A New Leaf	Yes	No
Sojourner Center	Yes	No
Chrysalis Sheter for Victims of Domestic Violence	No	No
House of Refuge East	Yes	No
Eve's Place	No	No
New Life Center	No	No
Chicanos Por La Causa	No	No

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

The NOFA & supporting materials are posted to the MAG website as well as the Arizona Alliance to End Homelessness website & sent to the CoC distribution list. The list is comprised of 270 individuals including government representatives, elected officials, advocates, health care, behavioral health, victim & homeless service providers, attendees of the CoC meetings, & individuals that sign up through the MAG website. CoC staff conduct a NOFA "kick-off" session orienting applicants to the application. In addition, staff offer technical assistance throughout the process. Each year we have applicants that are not previous recipients of CoC funds. All applications are reviewed & scored by the Ranking & Review Panel. The Panel recommends projects to the CoC Board for renewal, reallocation, and/or bonus projects based on objective criteria adopted by the CoC prior to the NOFA process.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation?   Semi-Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	11
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	5
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	11
How many of the Con Plan jurisdictions are also ESG recipients?	5
How many ESG recipients did the CoC participate with to make ESG funding decisions?	5
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	5

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The Collaborative Applicant reviews the draft Consolidated Plans for the five largest PHAs and the ESG Con Plan jurisdictions. The CA provides input based on the goals and objectives of the CoC and strategies from the Regional Plan to End Homelessness. The CoC provides annual Point in Time data, HMIS data, and other data for inclusion in the Con Plans. We participate annually in the review of the Con Plans and we meet monthly around coordinating ESG, HCV, VASH, and Public Housing resources.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

A key group within the CoC structure is the ESG Collaboration work group. Meeting monthly, the group includes all regional ESG recipients. The group's purpose is to coordinated & collaborate around standards, evaluation, program performance, & funding. Local funders, such as the United Way, participate to align their priorities around target populations. In 2015/2016, the group adopted ESG standards, RRH Financial Assistance Standards, & a common ESG performance report (reviewed quarterly). This year the group is working on a common scope of work. The CoC's input into funding decisions is centered around outcome measures, monitoring, standards, and needs.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The CoC coordinates with victim service providers to assure housing, services, and safety for survivors of domestic violence. The Governing Board has adopted a comprehensive DV policy. Using a common assessment tool, clients choose housing appropriate for their needs & are quickly connected to DV providers when indicated. Three of the ten DV providers in the region receive CoC and ESG funds allowing for consistency around service delivery & housing placement. For CoC-funded programs, supportive services address all client challenges including DV. Staff are trained in Trauma-Informed Care & DV 101. Safety planning is completed in ESG, CoC, DOJ, & HHS programs. Within all homeless programs 12% of clients report being a victim of DV. Within family programs, 92% of women report DV. HMIS records are locked if the client chooses. No client-level data is shared between providers if records are locked.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
City of Phoenix	30.00%	Yes-Both
Maricopa County	3.00%	Yes-Public Housing
City of Mesa	12.00%	Yes-Both
City of Tempe	0.00%	Yes-HCV
City of Glendale	0.00%	Yes-Both

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)

Housing opportunities exist through the Regional Behavioral Health Authority for persons with Serious Mental Illness and General Mental Health and Substance Abuse issues. The Low Income Housing Tax Credit program funds affordable housing developments throughout the region. The Funders Collaborative, consisting of the local United Way, the Arizona Department of Housing, the City of Phoenix, and Maricopa County, are funding 275 RRH housing vouchers for the chronically homeless. In addition, VASH and SSVF resources are critical to serving the needs of homeless veterans.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X

No strategies have been implemented	☐
Other:(limit 1000 characters)	
	☐
	☐
Regular meetings with law enforcement and Neighborhood Services Department	X

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

N/A

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

The CoC utilizes a coordinated entry process that provides two key access points. The Family Housing Hub serves as the point of entry for families experiencing homelessness. The Hub coordinates shelter and housing for 13 nonprofit agencies and operates from a central Phoenix location with three satellite offices: two in the East Valley and one in the West Valley. The Welcome Center serves as the access point for single adults experiencing homelessness. The WC coordinates shelter and housing for 9 nonprofit agencies as well as homeless housing vouchers set aside by the Housing Authority of Maricopa County and the City of Phoenix. The CoC uses the VI-SPDAT to determine which housing intervention best meets the needs of the family or individual. The access point then makes the referral based on the need identified. The community has adopted the HUD Order of Prioritization & PSH is targeted to CH with high service needs and longest time homeless.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of

the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Does not Participate	Does not Exist
Local Government Staff/Officials	X	X	X		X		
CDBG/HOME/Entitlement Jurisdiction	X		X				
Law Enforcement	X	X					
Local Jail(s)		X					
Hospital(s)	X	X					
EMT/Crisis Response Team(s)	X	X	X				
Mental Health Service Organizations	X	X	X		X		
Substance Abuse Service Organizations	X	X	X		X		
Affordable Housing Developer(s)	X						
Public Housing Authorities	X	X	X		X		
Non-CoC Funded Youth Homeless Organizations	X	X	X		X		
School Administrators/Homeless Liaisons	X	X					
Non-CoC Funded Victim Service Organizations	X						
Street Outreach Team(s)	X	X	X		X		
Homeless or Formerly Homeless Persons	X				X		
Local Veterans Administration	X	X	X	X	X		
Low Income Housing Tax Credit Developments	X		X				

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	41

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	4

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	37

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	X
% increases in income	X

Monitoring criteria:	
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services:	

Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None:	

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.
(limit 1000 characters)

The Program Performance Report Scorecard was based on a 100 point scale. Ten points were given based on the degree to which the project served "hard to serve" populations including those with multiple mental and physical health conditions and sex offenders. Seven points were awarded to Housing First projects and eight points to projects that served individuals and families experiencing chronic homelessness. The CoC prioritizes housing placement via the Coordinated Entry System (CES). Five points were awarded this year for agencies that accepted 85% of referrals from the CES.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached.
(limit 750 characters)

On June 29, 2016, the CoC sent the NOFA announcement, the Program Performance Scorecard, and the ranking and selection criteria to our email distribution list of 270 local officials, nonprofit representatives, community advocates, and past grantees. In addition, the NOFA and supporting materials were posted on our website on that date. The NOFA launch session was held July 22, 2016 with training on how to access e-snaps and submit applications. Notice to attend the launch session was sent through the email distribution list. The following items were sent via email and website posting: local timeline, Ranking and Review Process, scoring tool, and the NOFA announcement.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts 09/12/2016

of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)   Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)   08/29/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?   Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

The CoC approved the Program Performance Report evaluation tool used to measure and monitor performance of all recipients of CoC funding. The CoC completes an annual desk/review panel monitoring. A review panel of non-biased members is convened to review the performance of each project. Panel members review data from HMIS, the APR, and information from the Coordinated Entry System to determine how each project contributes to the overall homeless services system. Providers are involved in the performance process as they complete the initial report which is then verified by the panel. The CoC provides feedback to each project on how performance may be improved. In addition, all providers are interviewed to clarify scores and service delivery. Projects with financial management issues are connected with technical assistance to improve their performance. HMIS produces quarterly data quality reports to ensure that the Program Performance Reports are accurate.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?   Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.   Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.   2-3, 12 of the Governance Charter. MOU, pages 4-9.

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.   Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?   Yes

2A-4. What is the name of the HMIS software   Bowman Systems Service Point

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$400,921
ESG	$13,500
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$414,421

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0
Other Federal	$0
Other Federal - Total Amount	$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding

City	$2,000
County	$0
State	$0
State and Local - Total Amount	$2,000

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$10,000
Private - Total Amount	$10,000

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$85,000
Other - Total Amount	$85,000

2B-2.6 Total Budget for Operating Year	$511,421

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy):   04/29/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	2,362	442	1,725	89.84%
Safe Haven (SH) beds	25	0	25	100.00%
Transitional Housing (TH) beds	1,669	192	1,373	92.96%
Rapid Re-Housing (RRH) beds	891	0	891	100.00%
Permanent Supportive Housing (PSH) beds	4,600	0	3,521	76.54%
Other Permanent Housing (OPH) beds	1,206	0	1,206	100.00%

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months.
(limit 1000 characters)

The bed coverage rate in the PSH category is 77% when VASH is included in the total bed count. The total bed count for VASH vouchers in Maricopa County is 1,054. When these beds are deducted as they are in the AHAR the HMIS bed coverage in PSH is 99%. The HMIS Lead and CoC Lead continue to try to engage the VA to enter VASH beds in HMIS. We will continue this effort and work with the cities who receive the VASH vouchers in this effort.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	

	☐
VASH:	X
Faith-Based projects/Rescue mission:	☐
Youth focused projects:	☐
Voucher beds (non-permanent housing):	☐
HOPWA projects:	☐
Not Applicable:	☐

2C-4. How often does the CoC review or assess its HMIS bed coverage?   Annually

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	2%	4%
3.3 Date of birth	1%	0%
3.4 Race	2%	0%
3.5 Ethnicity	1%	0%
3.6 Gender	1%	0%
3.7 Veteran status	1%	0%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	1%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	62%	1%
3.15 Relationship to Head of Household	5%	0%
3.16 Client Location	3%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	7%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

None	☐

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. Project

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	X
VA Grant and Per Diem (GPD):	X
Runaway and Homeless Youth (RHY):	X
Projects for Assistance in Transition from Homelessness (PATH):	X
	☐
None:	☐

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date.
(limit 750 characters)

All federal partners are using HMIS.

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?   Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)   01/25/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?   Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)   04/29/2016

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)

The sheltered PIT count methodology was completed by the HMIS Lead Agency with input from the Collaborative Applicant. The HMIS Lead ran PIT reports on all HMIS projects from HMIS. All projects were given time to review

and approve data from each project for increased accuracy. The HMIS Lead spoke to each non-HMIS shelter project in the Continuum to receive PIT data. HMIS team members called each of these projects the week of the PIT count to assure accuracy in data reported. The data was received by phone interview or PIT surveys that were emailed to shelter staff to complete. All domestic violence projects and other non-HMIS projects were receptive to the process and provided the information requested.

The CoC came to this methodology to help ensure that the shelter PIT was a clean and transparent process for the Continuum.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count).
(limit 1000 characters)**

There was no change in methodology from 2015 to 2016.

2F-5. Did your CoC change its provider No
coverage in the 2016 sheltered count?

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count.
(limit 750 characters)**

N/A

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

The sheltered PIT count methodology did not change from 2015-2016. The shelter projects receive training on the data collected in the count prior to the PIT date. After the PIT is complete the HMIS Lead Agency runs the PIT counts and distributed them to all projects. The non-HMIS projects speak one-on-one with an HMIS team member who helps the project complete a survey with the required data. The current counting methodology includes training, data review, and a data confirmation process.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/25/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/29/2016

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	X
Night of the count - known locations:	
Night of the count - random sample:	X
Service-based count:	
HMIS:	

2I-2. Provide a brief descripton of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology.
(limit 1000 characters)

The CoC conducts the street count utilizing HUD recommended practices and two methods based on local demographic and geographic characteristics. The region is comprised of 9,223 square miles, and 27 municipalities. A combination of complete census and extrapolation are used. Many parts of the region are remote desert areas with no access to food and water. Those areas are excluded from the count. Direct counts are done in all municipalities with the exception of Phoenix. The City of Phoenix uses a HUD-approved extrapolation formula based on high-density and low-density areas. A random sample of low-density areas are included to check for changing patterns of where people congregate. Any low-density area found to have five or more homeless individuals is included in the high-density count the next year. Each survey from every city and town in the county is then entered into HMIS. The data is then reviewed by each lead in the county and entered into the PIT count in HMIS.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count).
(limit 1000 characters)

There was no change in methodology from 2015 to 2016.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count?   Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.
(limit 1000 characters)

N/A

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	X
"Blitz" count:	
Unique identifier:	
Survey questions:	X
Enumerator observation:	X
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method).
(limit 1000 characters)

The CoC had an increased emphasis on training and outreach to the more rural areas of the county. We worked closely with local coordinators to ensure that the training was reaching all PIT volunteers. In addition, we worked with youth providers to conduct magnet events to improve the homeless youth count. Finally, we worked with law enforcement to identify encampments and deployed outreach workers to encampments to count and connect people with services.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons
Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	5,631	5,702	71
Emergency Shelter Total	2,004	2,362	358
Safe Haven Total	25	25	0
Transitional Housing Total	2,313	1,669	-644
Total Sheltered Count	4,342	4,056	-286
Total Unsheltered Count	1,289	1,646	357

3A-1b. Number of Sheltered Persons Homeless - HMIS.
Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	14,420
Emergency Shelter Total	13,018
Safe Haven Total	103
Transitional Housing Total	3,312

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

The CoC is tracking data to understand factors that lead to homelessness and to assist the community in identifying risk factors. Information is collected at the Family Housing Hub and the Welcome Center through in-person interviews or over the phone. Diversion techniques are used to connect those experiencing homelessness for the first time with family, friends, or other systems of support. Referrals to prevention services are made to connect those at risk of homelessness with resources to stabilize the individual/family. The CoC Board reviews monthly dashboards with information on the diversion of individuals and families from the homeless services system.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

The CoC is working to reduce the length of time homeless through the Coordinated Entry System and quick placement into housing. The CoC has adopted the HUD Order of Prioritization to target PSH housing placements to those experiencing chronic homelessness, with the longest length of time homeless, and the most acute service needs. In addition, the community has adopted a single by-name list to prioritize housing placements for those experiencing chronic homelessness and veterans. The by-name list is managed at weekly case conferencing by the Coordinated Entry System with a team of housing providers, outreach workers, and housing navigators.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	3,487
Of the persons in the Universe above, how many of those exited to permanent destinations?	2,691
% Successful Exits	77.17%

**3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited
from any CoC funded permanent housing project, except rapid re-housing
projects, to permanent housing destinations or retained their permanent
housing between October 1, 2014 and September 31, 2015.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	5,278
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	4,950
% Successful Retentions/Exits	93.79%

**3A-5. Performance Measure: Returns to Homelessness: Describe the
CoCs efforts to reduce the rate of individuals and families who return to
homelessness. Specifically, describe strategies your CoC has
implemented to identify and minimize returns to homelessness, and
demonstrate the use of HMIS or a comparable database to monitor and
record returns to homelessness.
(limit 1000 characters)**

Returns to homelessness indicate a failure in either correct housing placement
or in inadequate supportive services offered to the client. To address returns to
homelessness, the Coordinated Entry System utilizes the VI-SPDAT to
determine the most appropriate housing placement for the client. The use of the
tool, and the full SPDAT allow the housing provider to connect clients with
appropriate services to stabilize housing. Peer sharing groups are used to
discuss challenges and share best practices to increase housing stability. In
addition, both housing stability and returns to homelessness are scored in the
CoC program evaluation to ensure that we are targeting our resources to the
most effective programs.

**3A-6. Performance Measure: Job and Income Growth.
Performance Measure: Job and Income Growth. Describe the CoC's
specific strategies to assist CoC Program-funded projects to increase
program participants' cash income from employment and non-
employment non-cash sources.
(limit 1000 characters)**

The CoC is committed to job and income growth. Partnering with Mercy
Maricopa Integrated Care, St. Joseph the Worker, Circle the City, the State
Departments of Economic Security & Department of Labor, providers connect
clients with job and income growth programs. Circle the City and St. Joseph the
Worker have a mobile van that visits project-based housing units, supportive
service providers, in addition to ES, SH, and TH projects. WIC and SNAPs
benefits are accessed through a one stop ACA on-line application. Local
workforce development agencies work with clients that are not TANF eligible.
Phoenix Office of Workforce Development partners with CoC housing providers

as well. SOAR navigators work with clients eligible for SSI and SSDI benefits. The Arizona Department of Economic Security has programs to assist veterans with employment needs, the Disabled Veterans Outreach Program and the Local Veteran Employment Representatives.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

The CoC participated in the Partnerships for Opening Doors convening to implement policies to connect homeless individuals with employment opportunities. The Arizona Department of Labor oversees the Homeless Employment Program and clients are connected directly with DOL resources. The City One Stops have initiated a employment assessment process developed by Maricopa County Community Colleges to connect client mainstream employment opportunities. The community continues to emphasize the importance of income growth through incorporating income growth in the CoC Program Performance Report used to evaluate applications for funding.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

The CoC's PIT planning group used detailed maps to review areas to include in the unsheltered PIT. Remote desert areas with no access to trails and no water sources were excluded from the count. This determination was based on either the area being too remote, dangerous to access, or no encounters in previous years. Military bases and mountainous desert areas with no or limited trail access and no reported sightings of homeless persons are excluded.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?   Yes

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)

The CoC excludes military bases, mountainous or remote desert areas with no or limited trail access, no water resources and no reported sightings of homeless persons are excluded.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)   08/09/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)

N/A

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

**1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing; 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.**

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

		2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		480	745	265
Sheltered Count of chronically homeless persons		222	332	110
Unsheltered Count of chronically homeless persons		258	413	155

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
(limit 1000 characters)

The CoC believes the increase in identification of chronically homeless individuals is due to the improvement of outreach teams and the engagement of individuals who have been previously excluded from the count. We are in a position to dramatically decrease the number of chronically homeless identified in our next count due to increased efforts including the Zero Campaign. The community has mobilized outreach workers to identify individuals on the streets and in shelter for the community's by-name list (BNL). Full implementation of the VI-SPDAT gives us more information on those awaiting services who are prioritized on the BNL. In addition, with the implementation of the Coordinated Entry System, we are doing a better job of assessing individuals and identifying those experiencing chronic homelessness in shelter, Safe Haven, and Outreach. The community is now prioritizing CH according to the HUD Orders of Prioritization and managing housing placements via the BNL.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	1,095	791	-304

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count.
(limit 1000 characters)

There was no reduction in the total number of CoC-funded beds for chronically homeless persons. For non-CoC program funded beds there were a few factors that led to the reduction in dedicated beds. First, the new definition of CH led to many non-CoC funded programs to change their dedicated bed inventory. Many served CH under the previous definition that would not be defined as CH in 2016. Second, there were a number of beds that were under development that were non-CoC funded program projects that have been delayed in coming on-line. It is important to note that many of these projects continue to serve CH individuals, but have chosen not to dedicate beds to this population. Finally, to address the change, the CoC's score card awarded 8 points (out of possible 100 points) for those projects that dedicated new beds to the CH to increase the overall number of beds.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Yes

**Recordkeeping Requirements for
Documenting Chronic Homeless Status?**

3B-1.3a. If "Yes" was selected for question   See attached.
**3B-1.3, attach a copy of the CoC's written
standards or other evidence that clearly
shows the incorporation of the Orders of
Priority in Notice CPD 14-012 and indicate
the page(s) for all documents where the
Orders of Priority are found.**

3B-1.4. Is the CoC on track to meet the goal   No
of ending chronic homelessness by 2017?

    This question will not be scored.

**3B-1.4a. If the response to question 3B-1.4 was "Yes" what are the
strategies that have been implemented by the CoC to maximize current
resources to meet this goal? If "No" was selected, what resources or
technical assistance will be implemented by the CoC to reach to goal of
ending chronically homelessness by 2017?
(limit 1000 characters)**

The CoC adopted a 2016 NOFA Scoring process to award 8 points to all
projects that dedicate 100% of the turnover in the project to those experiencing
chronic homelessness. In addition, the CoC has adopted the HUD order of
prioritization to target CH for PSH resources. The Board voted on June 27,
2016 to renew the CoC's commitment to the Zero initiative and has instituted a
by-name List for case conferencing targeting CH with the longest time homeless
and highest acuity. A committee of the CoC meets weekly around the Zero
initiative to ensure the community stays on track with our commitment to ending
CH.

3B. Continuum of Care (CoC) Strategic Planning Objectives

3B. Continuum of Care (CoC) Strategic Planning Objectives

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	X
Bad credit or rental history (including not having been a leaseholder):	
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless.
(limit 1000 characters)

The CoC adopted a Plan to End Homelessness and a complimentary plan to End Family Homelessness that includes concrete steps to rehouse every household with children within 30 days. Steps include strengthening diversion services and coordinated entry. Increase exists to PH by removing barriers to affordable housing programs, retaining/enhancing support service needed to exit families to PH, implementing long-term extensive services for RRH to reduce recidivism and maximize the use of resources while investing in the service delivery system where there is the greatest needs. The CoC is coordinating with affordable housing resources in the community including LIHTC, HUD Multifamily, Section 8, public housing, and others to prioritize families referred through the Coordinated Entry System. The CoC priority project listing includes $495,000 in new RRH funds this year from reallocated TH projects.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	254	483	229

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	X
There is a method for clients to alert CoC when involuntarily separated:	X
CoC holds trainings on preventing involuntary family separation, at least once a year:	
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		

	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	621	624	3
Sheltered Count of homeless households with children:	621	622	1
Unsheltered Count of homeless households with children:	0	2	2

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The number of homeless families has remained essentially the same within the CoC. The community is working to balance resources to needs and recognizes that we must grow resources for all target populations. We have increased the number of RRH beds in the community and will continue on that trend if the projects put forth in this application are funded. We face a tremendous challenge with the loss of TH beds as a result of the Tier 2 funding decisions in the 2015 NOFA, however the community is working with the local Funders Collaborative and the Arizona Grantmakers Forum to seek new sources for funding for all homeless programs.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	X
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	X

Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	X
Community awareness training concerning youth trafficking:	X
N/A:	

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
N/A:	

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	1,081	1,576	495

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why.

(limit 1000 characters)

N/A. The number of unaccompanied youth and children, and youth-headed households is higher in 2015.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$1,864,990.00	$1,933,990.00	$69,000.00
CoC Program funding for youth homelessness dedicated projects:	$970,990.00	$970,990.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$894,000.00	$963,000.00	$69,000.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	18
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	47
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	24

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts.
(limit 1000 characters)

The CoC collaborates with McKinney-Vento education liaisons regularly. LEAs serve on the CoC Committee & work groups & assist with planning, oversight, & policy creation. The Committee representative comes from the largest school district & assists with communication & outreach to other districts. In addition, the Youth Advisory Group (YAG) is a key work group & LEAs are invited to & participate in the monthly meetings of this group. The YAG contributed to the youth sections of the 2016 updates of the local Plan to End Homelessness. The CoC worked with LEAs on the 2016 Point in Time planning to ensure the CoC makes every effort to count families & youth. The State Education Coordinator is a member of the Arizona Coalition to End Homelessness & the annual statewide conference is attended by many McKinney-Vento liaisons as well. Finally, CoC-funded youth & family providers meet regularly with education liaisons to address the education needs & services for children & youth.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)

The CoC follows the ESG guidelines on connecting families to all mainstream resources including educational services. The policies and procedures state that contracts must "assist all participants in obtaining mainstream services and benefits, including at least, but not limited to housing, health care, social services, employment, and education". CoC and ESG providers contact McKinney-Vento liaisons immediately when families enter services and connect school age children to the school the child attended prior to experiencing homelessness. Transportation is provided to that school or the local school if the family so chooses. All children are connected to educational services within 24 hours.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)

Some of our family providers have written agreements with the Women Infants and Children program and Head Start. The CoC does not have written agreements with programs that serve infants, toddlers, and young children.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	419	450	31
Sheltered count of homeless veterans:	319	319	0
Unsheltered count of homeless veterans:	100	131	31

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count.
(limit 1000 characters)

We had an increased number of encampments this year and a large veteran encampment that sprung up just prior to the PIT. State media coverage resulted in a public outpouring of support for those in the encampment. Media reports led to other veterans congregating at the site and may have contributed to the increased count. In addition, we are seeing an increase number of individuals who self-report military service which we are unable to verify veteran status during the housing placement process. We continue to partner with veteran services providers in conducting the PIT. Outreach teams identify areas where veterans congregate and the CoC emphasizes immediate connection with services for all veterans identified in the PIT. Surveyors are given a number to call a veteran outreach worker while completing the survey so that the outreach worker can connect with the veteran that day.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF.
(limit 1000 characters)

Veterans presenting at Coordinated Entry (CES) are transported to the veteran coordinated entry site, the CRRC, and assessed for VA resources. If the veteran does not qualify for VA services, the veteran returns to the CES and is assessed for CoC resources. The CES and the CRRC meet weekly for case-conferencing around the by-name list of veterans prioritized for housing resources based on the HUD Orders of Prioritization. The CoC seeks to connect veterans with VA services when at all possible in order to reserve CoC resources for humanitarians and other veterans that do not qualify for VA programs. The CoC works closely with the local VA to coordinate this effort.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	390	450	15.38%
Unsheltered Count of homeless veterans:	0	131	0.00%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.   No

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?
(limit 1000 characters)

The CoC is using a by-name list to target housing placements to those veterans prioritized for services based on the HUD Order of Prioritization. The CoC has participated in the 25 Cities Initiative and rejoined the veteran homelessness effort in 2016. The CoC meets weekly with the VA providers for case-conferencing around the list. The CoC has approved a veteran bonus project to a add 30 scattered-site PSH units for veterans, specifically targeted to

humanitarians and veterans that do not qualify for VA resources. In addition, the City of Phoenix has committed to hiring two veteran navigators to assist with housing placements for veterans. The Funder's Collaborative, comprised of Maricopa County, the United Way, Phoenix, and the Arizona Department of Housing have committed 275 HCV for veterans and those experiencing chronic homelessness.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?   Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	48
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	38
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	79%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

The Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program, and the Arizona Department of Economic Security have developed Health-e-Arizona Plus, a new and easily accessible on-line system to connect individuals and families to health coverage, benefits, and services including AHCCCS Health Insurance, Kids Care, Nutrition Assistance, and cash assistance. Health-e-Arizona plus works to connect to the Federal Insurance Marketplace, which provides Premium Tax Credits and Cost Sharing Reduction programs to help low income Arizonans with the cost of health insurance. State

workers and trained Community Navigators help individuals and/or case managers navigate the system to connect clients with benefits.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	46
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	43
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	93%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	46
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	43
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	93%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	X

Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	825	891	66

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)

N/A

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

**defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 2500 characters)**

N/A

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistant Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition?   No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)**

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.   Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	X
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	X

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	
Maximizing the use of mainstream resources:	
Retooling transitional housing:	X
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
Not applicable:	

4B-9b. Indicate the type(s) of Technical Aassistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
HMIS Data Sharing Feb-April	02/01/2016	5
HMIS Evaluation Ongoing	10/01/2015	5
Transitional Housing	05/17/2016	5
Governance Ongoing	10/01/2015	5

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	MRCOC Notificatio...	08/31/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	Maricopa Regional...	08/28/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	MRCOC Website Pub...	09/09/2016
05. CoCs Process for Reallocating	Yes	MRCOC Reallocatio...	09/11/2016
06. CoC's Governance Charter	Yes	Maricopa Regional...	08/28/2016
07. HMIS Policy and Procedures Manual	Yes	Maricopa Regional...	08/31/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	MRCOC PHA Admin P...	09/11/2016
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	Maricopa Regional...	08/28/2016
11. CoC Written Standards for Order of Priority	No	MRCOC Adopted Sta...	09/09/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	Maricopa Regional...	08/28/2016
14. Other	No	Maricopa Regional...	08/28/2016
15. Other	No	MRCOC Final GIW	09/01/2016

Attachment Details

Document Description: MRCOC Notification to Rejected Applications

Attachment Details

Document Description:

Attachment Details

Document Description: Maricopa Regional CoC Ranking and Review
Process

Attachment Details

Document Description: MRCOC Website Public Posting of Ranking
Process

Attachment Details

Document Description: MRCOC Reallocation Process

Attachment Details

Document Description: Maricopa Regional CoC Governance Charter

Attachment Details

Document Description: Maricopa Regional CoC HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: MRCOC PHA Admin Plans

Attachment Details

Document Description: Maricopa Regional CoC HMIS MOU

Attachment Details

Document Description: MRCOC Adopted Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: Maricopa Regional CoC System Performance Measures

Attachment Details

Document Description: Maricopa Regional CoC Program Performance Report Scorecard for 2016

Attachment Details

Document Description: MRCOC Final GIW

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	08/23/2016
1B. CoC Engagement	09/07/2016
1C. Coordination	09/12/2016

1D. CoC Discharge Planning	08/23/2016
1E. Coordinated Assessment	09/07/2016
1F. Project Review	09/13/2016
1G. Addressing Project Capacity	09/07/2016
2A. HMIS Implementation	08/31/2016
2B. HMIS Funding Sources	08/31/2016
2C. HMIS Beds	09/07/2016
2D. HMIS Data Quality	09/09/2016
2E. Sheltered PIT	09/07/2016
2F. Sheltered Data - Methods	09/07/2016
2G. Sheltered Data - Quality	08/31/2016
2H. Unsheltered PIT	09/07/2016
2I. Unsheltered Data - Methods	09/07/2016
2J. Unsheltered Data - Quality	08/23/2016
3A. System Performance	09/09/2016
3B. Objective 1	09/09/2016
3B. Objective 2	09/09/2016
3B. Objective 3	09/09/2016
4A. Benefits	09/07/2016
4B. Additional Policies	09/09/2016
4C. Attachments	Please Complete
Submission Summary	No Input Required

Anne Scott

From:	Anne Scott
Sent:	Monday, August 29, 2016 4:19 PM
To:	Ken McKinley; 'cschuler@tumbleweed.org'
Cc:	'Brande Mead'
Subject:	2016 HUD NOFA Application
Attachments:	CoC Board 1-25-2016 rev_ NOFA Ranking & Review Process.pdf; Maricopa Regional CoC 2016 Projects_Appvd 8_29_2016.pdf

Dear Ken:

Thank you for applying for homeless services funding as part of the 2016 Notice of Funding Availability (NOFA) from the U.S. Department of Housing and Urban Development.

We are writing to let you know that your renewal project Start Housing Solutions TH was recommended for a funding reduction from the requested amount of $439,700 to a reduced amount of $182,624 in the 2016 NOFA competition. The Board is recommending that the remaining funds ($257,076) be reallocated to a PSH project for youth ages 18-24. You will need to create a new project for the PSH application.

Please complete your changes by Tuesday, September 6.

Attached is the list of approved projects and the Ranking and Review Process.

Again, we appreciate your taking the time to apply. Let me know if you have any questions.

Sincerely,

Anne Scott

Anne Scott
Human Services Planner II
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
ascott@azmag.gov
(602) 254-6300
(602) 452-5006 *direct*

From:	Anne Scott
Sent:	Monday, August 29, 2016 4:10 PM
To:	Darlene Newsom; Mattie Lord
Cc:	'Brande Mead'
Subject:	2016 HUD NOFA Application
Attachments:	Maricopa Regional CoC 2016 Projects_Appvd 8_29_2016.pdf; CoC Board 1-25-2016 rev_ NOFA Ranking & Review Process.pdf

Dear Darlene:

Thank you for applying for homeless services funding as part of the 2016 Notice of Funding Availability (NOFA) from the U.S. Department of Housing and Urban Development.

We are writing to let you know that CoC renewal project Haven House was not recommended for funding in the 2016 NOFA competition. The Board has recommended that the project be reallocated to the Next Step 3 project as a reallocation project. We have released the Next Step 3 project to you so that you may adjust the budget from $377,922 to $434,958. Attached is the list of approved projects and the Ranking and Review Process.

Again, we appreciate your taking the time to apply. Let me know if you have any questions.

Sincerely,

Anne

Anne Scott
Human Services Planner II
Maricopa Association of Governments
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Phoenix, AZ 85003
ascott@azmag.gov
(602) 254-6300
(602) 452-5006 *direct*

From:	Anne Scott
Sent:	Monday, August 29, 2016 3:59 PM
To:	'Gerardo Pena'
Cc:	Sandy Napombejra; Pedro Cons; 'Brande Mead'
Subject:	2016 HUD NOFA Application
Attachments:	CoC Board 1-25-2016 rev_ NOFA Ranking & Review Process.pdf; Maricopa Regional CoC 2016 Projects_Appvd 8_29_2016.pdf

Dear Mr. Pena:

Thank you for applying for homeless services funding as part of the 2016 Notice of Funding Availability (NOFA) from the U.S. Department of Housing and Urban Development.

We are writing to let you know that your project De Colores was not recommended for funding in the 2016 NOFA competition. Attached is the list of approved projects and the Ranking and Review Process.

Again, we appreciate your taking the time to apply. Let me know if you have any questions.

Sincerely,

Anne Scott

Anne Scott
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From:	Anne Scott
Sent:	Monday, August 29, 2016 3:56 PM
To:	Debby Elliott (debby.elliott@aaaphx.org)
Cc:	'Brande Mead'
Subject:	2016 HUD NOFA Application
Attachments:	CoC Board 1-25-2016 rev_ NOFA Ranking & Review Process.pdf; Maricopa Regional CoC 2016 Projects_Appvd 8_29_2016.pdf

Dear Ms. Elliott:

Thank you for applying for homeless services funding as part of the 2016 Notice of Funding Availability (NOFA) from the U.S. Department of Housing and Urban Development.

We are writing to let you know that your project HIV Case Management at Stepping Stones was not recommended for funding in the 2016 NOFA competition. Attached is the list of approved projects and the Ranking and Review Process.

Again, we appreciate your taking the time to apply. Let me know if you have any questions.

Sincerely,

Anne Scott

Anne Scott
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From:	Anne Scott
Sent:	Monday, August 29, 2016 3:52 PM
To:	Tiara Crouse; Peggy J. Chase; Edward Pinnow
Cc:	'Brande Mead'
Subject:	HUD 2016 NOFA Application
Attachments:	CoC Board 1-25-2016 rev_ NOFA Ranking & Review Process.pdf; Maricopa Regional CoC 2016 Projects_Appvd 8_29_2016.pdf

Dear Ms. Chase:

Thank you for applying for homeless services funding as part of the 2016 Notice of Funding Availability (NOFA) from the U.S. Department of Housing and Urban Development.

We are writing to let you know that your project Terros Safe Haven was not recommended for funding in the 2016 NOFA competition. Attached is the list of approved projects and the Ranking and Review Process.

Again, we appreciate your taking the time to apply. Let me know if you have any questions.

Sincerely,

Anne Scott

Anne Scott
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ascott@azmag.gov
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From:	Anne Scott
Sent:	Monday, August 29, 2016 3:49 PM
To:	'Michael Hughes'
Cc:	Beth Noble; Kathy Di Nolfi; 'Brande Mead'
Subject:	HUD 2016 NOFA Funding
Attachments:	Maricopa Regional CoC 2016 Projects_Appvd 8_29_2016.pdf; CoC Board 1-25-2016 rev_ NOFA Ranking & Review Process.pdf

Dear Mr. Hughes:

Thank you for applying for homeless services funding as part of the 2016 Notice of Funding Availability (NOFA) from the U.S. Department of Housing and Urban Development.

We are writing to let you know that your renewal project East Valley Men's Center Transitional Housing was not recommended for funding in the 2016 NOFA competition. In addition, the Board did not approve the La Mesita bonus project. Attached is the list of approved projects and the Ranking and Review Process.

Again, we appreciate your taking the time to apply. Let me know if you have any questions.

Sincerely,

Anne Scott

Anne Scott
Human Services Planner II
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COC NOFA AD HOC WORK GROUP
REVIEW AND RANK PROCESS RECOMMENDATION

The Review and Rank Process that is used to review and evaluate all CoC project applications submitted in the local competition.

GENERAL PROCESS

Prior to NOFA release:
- The CoC Committee and its working groups conduct a formal needs assessment by reviewing all available data sources to determine community needs and gaps in resource portfolios.
- The CoC Committee meets, reviews, and revises the process and scoring materials.
- The CoC Committee and PSDQ make recommendations to CoC Board for review and approval.
- The CoC Committee and CoC Board review and approve a process and scoring materials, subject to necessary changes due to the NOFA.
- The Collaborative Applicant (MAG) recruits a non-conflicted Review and Rank panel. The process for recruitment and selection will be transparent to the members of the CoC. The panel should include at least one non-conflicted provider (ideally a provider with experience administering federal, non-CoC grants), with a focus on having a diverse Panel and some Panel consistency from year to year. CoC Board members are prohibited from serving on the panel.   Panelists sign conflict of interest and confidentiality statements.
- A Collaborative Applicant representative attends Review and Rank panel meetings to act as a resource.

After the NOFA is released:
- The Collaborative Applicant will convene an emergency ad hoc group of CoC Committee members to determine how to utilize the 25 points on the score card to reflect HUD's priorities in the NOFA.
- Project applicants are invited to attend launch session; CoC Program requirements, process and timeline are explained. Deadlines are clearly outlined. Scoring tools and application materials are reviewed.
- Applications are prepared and submitted.
  - Applications received after the deadline will not be accepted.
  - Incomplete applications cannot be cured for Review Panel scoring, but must be corrected prior to HUD submission. The original application (not the copies) will

be examined to determine if all pieces of the application have been submitted.

- Collaborative Applicant finalizes Review Panel membership and prepares final information for Review Panel.

- Review Panel members are oriented to process, trained, receive applications and review materials and then over a one- to two- week period review and score applications.

- CoC staff ensures all applications pass Threshold Review (additional detail below).

- Review Panel members meet to jointly discuss each application and conduct short, voluntary interviews with applicants either in person, by phone, or video conference. The purpose of the in-person interviews is to: 1) have questions answered about projects and/or applications; 2) provide feedback to applicants on ways to strengthen their application; 3) review applicant's and committee's scoring sheets to ensure consistency.

  - o Renewal projects that score less than 50% of total points will be flagged for review. The Review Panel will recommend that such projects be reallocated in favor of a new project that is aligned with HUD's priorities. (Insert HUD-eligible project language for the year).

  - o The Review Panel may recommend that projects with consistently low scores, fewer than 50% of total points, should be considered for reallocation in favor of a new project aligned with HUD's priorities.

  - o If a transitional housing project voluntarily reallocates its funding and submits a new project application to use those funds for permanent housing, the funds shall be awarded to that project provided that the application is at least comparable in quality to other applications of the same component type.

- Projects are given feedback from Panel on quality of application and ways to strengthen the application before submission to HUD.

- Renewal HMIS Projects undergo a threshold review and project evaluation by the Performance Standards and Data Quality (PSDQ) Group. The PSDQ Group will provide feedback to the Review and Rank panel on their evaluation of the HMIS project.

- Applications for CoC Planning funds are reviewed by the Review and Rank Panel.

- Scoring results are delivered to applicants with a reminder of the appeals process. Only projects receiving less funding than they applied for or that are placed in Tier II may appeal, and only on the basis of fact. Any projects eligible to appeal will receive a complete breakdown of scores awarded for each factor as well as a complete list of the recommended project ranks and scores. A non-conflicted work group of the CoC Board will hear appeals. To provide information and support, MAG staff and one member of the original Review Panel will attend the appeals panel to provide information but will not be members of the appeals panel or have a vote.

- Appellate hearings, if any.

- Emergency Procedure: MAG staff will do everything possible to ensure that an

application is submitted to HUD for all funds possibly available to the community. Therefore, if/when all on-time applications have been submitted and it appears that the community is not requesting as much money as is available from HUD, then the CoC staff may solicit additional applications. In addition, if, after the Review Panel has reviewed applications and made priority determinations, an applicant decides not to submit their application to HUD, MAG staff will do everything possible to submit applications for the full available amount, with projects representing HUD priorities.

- In addition to the numeric scores, the Ranking and Review panel will consider qualitative factors such as subpopulation needs, improvement plans, project performance, and potential impact to the community's system of care when generating recommendations for the CoC Board.

- The Ranking and Review panel will present multiple options to the CoC Board in a public meeting and will articulate the potential pros, cons, and impact of each recommendation. The meeting will be scheduled to allow for explanation, questions, and meaningful dialogue between the members of the Ranking and Review panel and the CoC Board.

- The CoC Board will consider/approve rank order of new projects and submission of renewals.

- Consolidated Application is made available to community for inspection on MAG's website.

- Consolidated Application is submitted to HUD.

- Stakeholders are advised that the application has been submitted.

- Projects have opportunity to debrief scores with CoC staff. All projects are welcome to request a debriefing and receive a complete breakdown of their scores within 30 days.

- 2015 Process Debriefing.

APPEALS PROCESS

The Review and Rank Committee reviews all applications and ranks them for funding recommendations to HUD. That ranking decision is communicated to all applicants by email within 24 hours of the determination. All applicants are hereby directed to contact Anne Scott at (602) 254-6300 (ascott@azmag.gov) if no email notice is received.

1. Who May Appeal
An agency may appeal an "appealable ranking decision," defined in the next paragraph, made by the Review and Rank Committee concerning a project application submitted by that agency. If the project was submitted by a collaboration of agencies, only one joint appeal may be made.

Revised 1/25/2016

2. What May Be Appealed

"An appealable ranking decision" is a decision by the Review and Rank Committee that (a) reduces the budget to a lower amount than applied for, (b) ranks the project in Tier 2, or (c) recommends the project for reallocation.

3. Timing

The ranking decision is communicated to all applicants within 15 days of the NOFA due date. Applicants have until 12:00 p.m. on the day after the CoC Board funding decision to decide if they are going to appeal and contact Anne Scott at (602) 254-6300 (ascott@azmag.gov) for more information, with a formal written appeal (no longer than 2 pages). If an appeal will be filed, other agencies whose rank may be affected will be notified.

Revised 1/25/2016

as a courtesy. Such agencies will not be able to file an appeal after the appeals process is complete. They may file an appeal within the original appeals timeline.

4. Initiating the Formal Appeal
The Formal Appeal must be submitted by 12:00 p.m. the day after the CoC Board funding decision. The appeal document must consist of a short, written (no longer than 2 pages) statement of the agency's appeal of the Review and Rank Committee's decision. The statement can be in the form of a letter, a memo, or an email transmittal.

The appeal must be transmitted by email to Anne Scott (ascott@azmag.gov).

5. Members of the Appeal Panel
A three-member Appeals Panel will be selected from the CoC Board or its designees. These individuals have no conflict of interest in serving, as defined by the existing Review and Rank Committee conflict of interest rules. Voting members of the Appeal Panel shall not serve simultaneously on the Review and Rank; however, a Review and Rank Panel member and a MAG staff person will participate in the Appeals Panel to inform discussion.

6. The Appeal Process, Including Involvement of Other Affected Agencies
The Appeal Panel will conduct an in person or telephone meeting with a representative(s) of the agency/collaborative who filed the appeal to discuss it, if needed. The Panel then will deliberate. The Appeal Panel will inform appealing agencies of its decision.

The CoC Board or its designee will approve the final project list for submission. The decision of the CoC Board will be final.

Reallocation
It is possible that funds will be reallocated from projects that will not receive renewal funding, or who's funding will be reduced. This is a recommendation made by the Review and Rank Panel, and approved by the Board, and will be based on HUD priorities and CoC Board funding priorities. When considering reallocation, the Review and Rank Panel will:
- Consider unspent funds and the ability to cut grants without cutting service/housing levels
    - Panel members will receive guidance about the limitations related to spending CoC funds.
    - For projects receiving leasing or rental assistance, information about unspent funds will be presented together with information about agency capacity (serving the number of people the project is designed to serve).
- Consider history of reductions (e.g., if grant reduced one year, will not be apparent in spending the following year)
- Consider alternative funding sources available to support either new or renewal project(s) at-risk of not being funding
- Consider renewal HUD "covenant" concerns

Revised 1/25/2016

- Consider impact on consolidated application's score
- Consider impact on the community in light of community needs
- Consider non-compliance issues identified during the Review and Rank process or project monitoring
- Consider projects with consistently low scores

The impact of this policy is that high scoring projects may be reallocated if these considerations warrant that decision. In addition, if a project receives less than 50% of total points, then the Panel should strongly consider reallocation of funding.

Threshold
In addition to the scoring criteria, all renewal projects must meet a number of threshold criteria. A threshold review will take place prior to the review and rank process to ensure baseline requirements are met. All renewal projects must meet the following thresholds. If threshold criteria is not met, the Review and Rank Panel and the CoC Board will be notified to determine severity of non-compliance with threshold criteria and action needed:

- Project must have full and active HMIS participation, indicated by every HMIS user of the project completing training and/or passing the annual HMIS recertification exam (implemented in April 2015), unless the project is a victim services agency.
- Project must participate (or agree to participate) in Coordinated Entry (to the capacity the Coordinated Entry system is built out in the community)
    - o *Per HUD contracts, contractors are required:*
      To use the centralized or coordinated assessment system established by the Continuum of Care as set forth in §578.7 (a) (8). A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system, provided that victim service providers in the area use a centralized or coordinated assessment system that meets HUD's minimum requirements and the victim service provider uses that system.
- Project must meet applicable HUD match requirements (25% for all grant funds except leasing).
- Project must report point in time bed or unit utilization rate during the operating year (percent reported in the APR – average of four point-in-times in the APR). Low utilization must have a valid explanation as well as the plan to increase the utilization rate.
- Project must be responsive to outstanding or pending HUD program monitoring findings. If there are currently unresolved monitoring issues, the program must fully describe and explains the agency's plan to resolve them.
- Project must be able to meet the HUD threshold requirements for renewal projects including that there are none of the following:
    - o Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;

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- o Audit finding(s) for which a response is overdue or unsatisfactory;
- o History of inadequate financial management accounting practices;
- o Evidence of untimely expenditures on prior award;
- o History of other major capacity issues that have significantly impacted the operation of the project and its performance;
- o History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly;
- o History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established time frames.
- o History of non-compliance with HUD CoC Program funding requirements, defined in the HEARTH Act and/or NOFA.
- o Program components and project types must meet HUD funding contracts and program regulations, refer to HUD's HEARTH Act and/or HUD's SHP Desk Guide for guidance on project regulations.

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Maricopa Regional Continuum of Care

IN THIS SECTION

Committees

Policy Committees
- Human Services and Community Initiatives Committee
- Management Committee
- Regional Council
- Regional Council Executive Committee
- Transportation Policy Committee
- Maricopa Regional Continuum of Care
  - » City Leaders Institute on Aging in Place
  - » Domestic Violence Protocol Evaluation Project
  - » Heat Relief Regional Network
  - » Point-In-Time Homeless Count
- Regional Domestic Violence Council
- Economic Development Committee
- Maricopa Regional Continuum of Care Board

Technical Committees
- 9-1-1 Oversight Team
- Air Quality Technical Advisory Committee
- Bicycle and Pedestrian Committee
- Building Codes Committee
- Elderly and Persons with Disabilities Transportation Committee
- Human Services Technical Committee
- Intelligent Transportation Systems Program
- Population Technical Advisory Committee
- Public Safety Answering Point Managers Group
- Solid Waste Advisory Committee
- Standard Specifications & Details Committee
- Street Committee
- Technology Advisory Group
- Transit Committee
- Transportation Review Committee
- Transportation Safety Planning Program
- Water Quality Advisory Committee

Calendar

SEPTEMBER 2016

Sun Mon Tue Wed Thu Fri Sat

1 2 3

Photo by **scribbletaylor** / **CC BY**

2016 Continuum of Care Program Notice of Funding Availability

The Notice of Funding Availability (NOFA) for the Fiscal Year 2016 Continuum of Care Program Competition has been released by the U.S. Department of Housing and Urban Development (HUD). Applications are due to the Maricopa Association of Governments on August 12, 2016 by 5:00 p.m. Late applications will not be accepted. Additional information and materials for the local process will be posted on the MAG website soon. **For the full NOFA announcement, please click here.** The due date for the consolidated application to HUD is September 14, 2016. Please **contact Anne Scott by e-mail at this link** or at (602) 254-6300 with questions.

- **Maricopa Regional Continuum of Care Program Performance Report - Part I**
- **Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2016 Continuum of Care Program Competition**
- **Continuum of Care NOFA Ad Hoc Work Group Review and Rank Process Recommendation**
- **2016 Grant Inventory Worksheet**
- **Continuum of Care Board Final 2016 Rankings**

Continuum of Care Background

The Maricopa Regional Continuum of Care has worked with a diverse array of partners to develop regional solutions to end homelessness. Each year, the expertise of the Committee and community partners has resulted in more people being housed and supported in their quest for stability. Staffed by the Maricopa Association of Governments since 1999, the Continuum of Care has successfully competed well in the national application for funding. Over the years, the HUD funding award has increased and now supports more than 60 homeless assistance programs in 24 different agencies. This award has been an important and consistent source of funding

Committee Contacts

Co-Chair:
Kevin Hartke
City of Chandler

Co-Chair:
Darlene Newsom
UMOM New Day Centers

Human Services Planner:
Anne Scott
Human Services

Upcoming Events

09/14/2016, 9:30 AM
Maricopa Regional Continuum of Care 9/14/2016 Meeting

10/12/2016, 9:30 AM
Maricopa Regional Continuum of Care 10/12/2016 Meeting

11/09/2016, 9:30 AM
Maricopa Regional Continuum of Care 11/9/2016 Meeting

12/14/2016, 9:30 AM
Maricopa Regional Continuum of Care 12/14/2016 Meeting

Read More ...

Related Committees

- Maricopa Regional Continuum of Care Board

Related Projects

- City Leaders Institute on Aging in Place
- Domestic Violence Protocol Evaluation Project

To ensure the objective review of resources, maximize HUD funding, and balance community need, the CoC Board and Ranking and Review Panel agree to guiding principles around ranking, review, and reallocation. The CoC Board and Ranking and Review Panel acknowledge that there are insufficient resources for individuals and families experiencing homelessness in the region. The community needs to work to increase capacity for all interventions to meet the need of those experiencing homelessness. For the 2016 NOFA review, cost effectiveness and program performance was paramount in the panel's decisions around funding recommendations.

The group carefully reviewed the scorecards and applications for accuracy, clarity, and consistency with the priorities set forth in the 2016 NOFA. We reached consensus around the following guiding principles:

1) Based on HUD guidance and our funding allocation in the 2015 competition, Transitional Housing resources should be reallocated to Rapid Re-Housing (RRH) or Permanent Supportive Housing (PSH) resources to preserve and possibly increase options keeping the CoC competitive nationally. The group will mirror HUD priorities around Transitional Housing and ensure that we do not lose critical resources in the community.

   a. HUD has clearly indicated that Transitional Housing may be an appropriate intervention for:
      a) underage youth;
      b) victims of domestic violence; and
      c) clients recovering from substance abuse.

2) HUD does not support new Safe Haven programs and has indicated that communities should look carefully at the resource for cost effectiveness and program performance.

3) HUD is urging communities to maximize the use of housing dollars by leveraging support service dollars. The community should move towards financing services through Medicaid funding where possible. Strategic partnerships with MMIC and other community partners will help to transition those projects that receive a majority of CoC-funding for services to seek other sources of funding.

4) The group recommends targeted TA around the following areas:

   - Housing First: Harm Reduction, Motivational Interviewing
   - Project Performance and Evaluation
   - Assistance with transitioning clients in projects that are not recommended for funding to other housing service providers to ensure no returns to homelessness.

5) The community should develop a strategy to increase competition and capacity related to HUD guidance.

be examined to determine if all pieces of the application have been submitted.

- Collaborative Applicant finalizes Review Panel membership and prepares final information for Review Panel.

- Review Panel members are oriented to process, trained, receive applications and review materials and then over a one- to two- week period review and score applications.

- CoC staff ensures all applications pass Threshold Review (additional detail below).

- Review Panel members meet to jointly discuss each application and conduct short, voluntary interviews with applicants either in person, by phone, or video conference. The purpose of the in-person interviews is to: 1) have questions answered about projects and/or applications; 2) provide feedback to applicants on ways to strengthen their application; 3) review applicant's and committee's scoring sheets to ensure consistency.

  o Renewal projects that score less than 50% of total points will be flagged for review. The Review Panel will recommend that such projects be reallocated in favor of a new project that is aligned with HUD's priorities. (Insert HUD-eligible project language for the year).

  o The Review Panel may recommend that projects with consistently low scores, fewer than 50% of total points, should be considered for reallocation in favor of a new project aligned with HUD's priorities.

  o If a transitional housing project voluntarily reallocates its funding and submits a new project application to use those funds for permanent housing, the funds shall be awarded to that project provided that the application is at least comparable in quality to other applications of the same component type.

- Projects are given feedback from Panel on quality of application and ways to strengthen the application before submission to HUD.

- Renewal HMIS Projects undergo a threshold review and project evaluation by the Performance Standards and Data Quality (PSDQ) Group. The PSDQ Group will provide feedback to the Review and Rank panel on their evaluation of the HMIS project.

- Applications for CoC Planning funds are reviewed by the Review and Rank Panel.

- Scoring results are delivered to applicants with a reminder of the appeals process. Only projects receiving less funding than they applied for or that are placed in Tier II may appeal, and only on the basis of fact. Any projects eligible to appeal will receive a complete breakdown of scores awarded for each factor as well as a complete list of the recommended project ranks and scores. A non-conflicted work group of the CoC Board will hear appeals. To provide information and support, MAG staff and one member of the original Review Panel will attend the appeals panel to provide information but will not be members of the appeals panel or have a vote.

- Appellate hearings, if any.

- Emergency Procedure: MAG staff will do everything possible to ensure that an

Maricopa Regional Continuum of Care
Governance Charter and Operating Policies
Approved by the Continuum of Care Board September 28, 2015

Background

The Regional Continuum of Care has worked with a diverse array of partners to develop regional solutions to end homelessness. Each year, the expertise of the Committee and community partners has resulted in more people being housed and supported in their quest for stability. Staffed by the Maricopa Association of Governments since 1999, the Continuum of Care has successfully competed well in the national application for funding. Over the years, the U.S. Department of Housing and Urban Development (HUD) funding award has increased and now supports more than 60 homeless assistance programs in 24 different agencies. This award has been an important and consistent source of funding for the community.

In response to the HEARTH Act, changes are being made to improve the efficacy of the Continuum of Care. These changes have been identified and championed by talented partners throughout the region. Thanks to the dedication of the people involved, the Continuum of Care is positioned to continue making a difference in the lives of those who are homeless.

Purpose of Charter

This Charter identifies the goals, purpose, composition, responsibilities and governance structure of the Maricopa Regional Continuum of Care (CoC).

Goals

The mission of the Continuum of Care, as defined in the HEARTH Act Interim Rule, is as follows:

- To promote communitywide goals to end homelessness.
- Provide funding to quickly rehouse homeless individuals (including unaccompanied youth) and families while minimizing trauma and dislocation to those persons.
- Promote access to, and effective utilization of, mainstream programs.
- Optimize self-sufficiency among individual and families experiencing homelessness.

The CoC-funded programs include transitional housing, permanent supportive housing for disabled persons, permanent housing, supportive services, and the Homeless Management Information System (HMIS).

Duties of the Continuum of Care

The three major duties of a Continuum of Care, as defined in the HEARTH Act Interim Rule, are to:
1. Operate the Continuum of Care.
2. Designate an HMIS for the Continuum of Care.
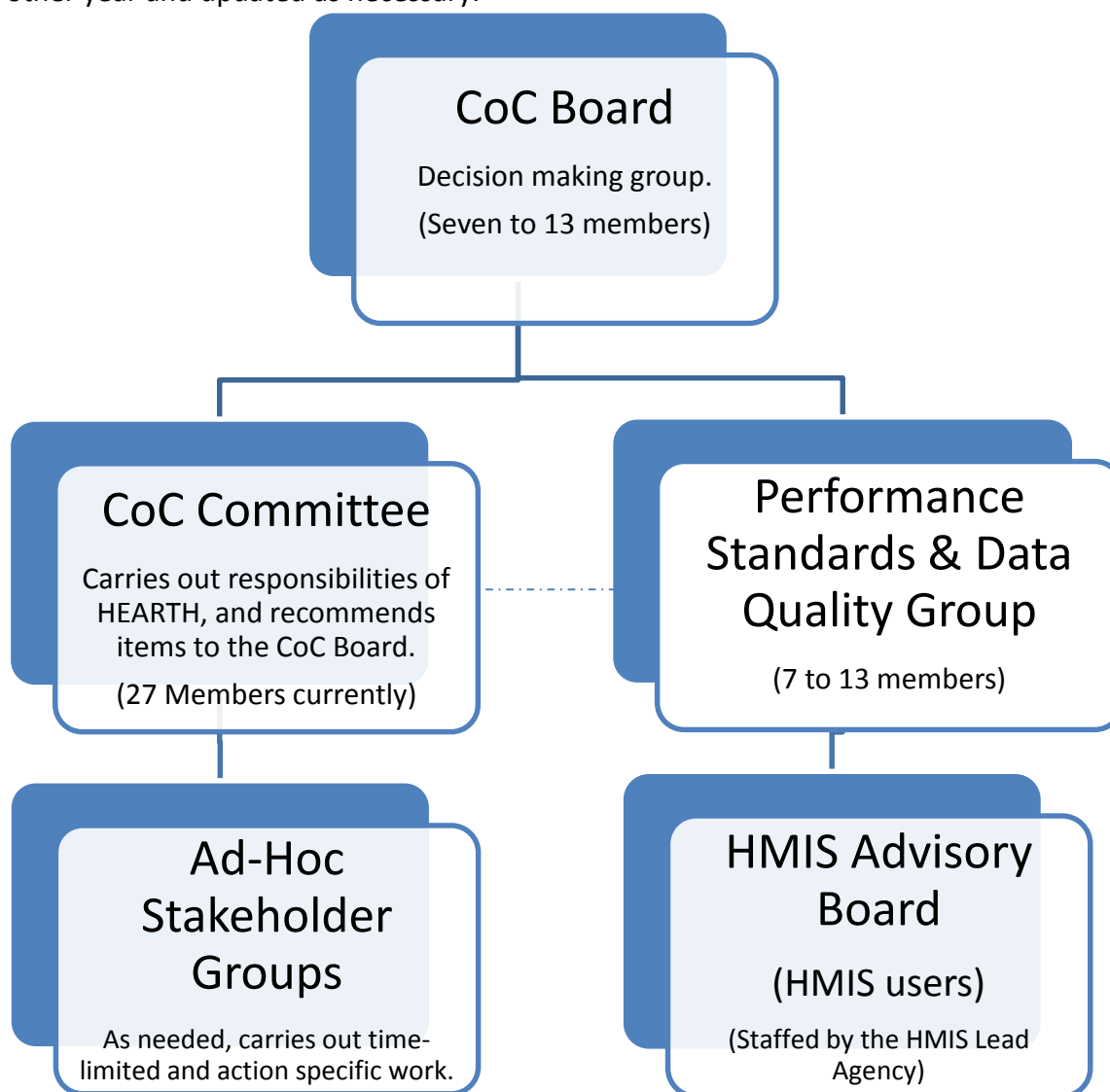3. Plan for the Continuum of Care.

The HEARTH Act Interim Rule also stipulates that, "The U.S. Department of Housing and Urban Development (HUD) has delineated certain operational requirements of each Continuum to help measure a Continuum's overall performance at reducing homelessness, in addition to tracking of performance on a project-by-project basis. In addition, each Continuum is responsible for establishing and operating a centralized or coordinated assessment system that will provide a comprehensive assessment of the needs of individuals and families for housing and services. HUD has also defined the minimum planning requirements for a Continuum so that it coordinated and implements a system that meets the needs of the homeless population within its geographic area. Continuums are also responsible for preparing and overseeing an application for funds. Continuum will have to establish the funding priorities for its geographic area when submitting an application."

Operations: Activities governed by the Continuum of Care Board and carried out by Ad Hoc Working Groups as needed	HMIS: Activities governed by the Continuum of Care Board and carried out by the HMIS Lead Agency	Planning: Activities completed by the Continuum of Care Regional Committee on Homelessness and Ad Hoc Working groups as needed
- Hold meetings. - Annual invitation to new members. - Adopt and follow a written process. - Appoint Committee, Subcommittee and Working Groups as needed. - Adopt and follow a Governance Charter. - Establish and monitor performance targets and take action on poor performers. - Monitor performance and outcomes of ESG and CoC programs and report to HUD. - Establish and operate a Coordinated Assessment system. - Establish standards for CoC funding, assist and consult with ESG recipients.	- Designate HMIS. - Review, revise, and approve privacy, security, and data quality plans. - Ensure participation of recipients and sub-recipients in HMIS. - Ensure HMIS is in compliance with HUD regulations.	- Coordinate and operate housing and services system. - Conduct PIT Homeless Count. - Gaps of needs and services. - Provide information for consolidated plans. - Consult with ESG recipients on allocating ESG funding and performance of programs.

CoC Governance Structure

The Continuum of Care will have a CoC Board, Continuum of Care Committee, Ad Hoc Stakeholder Groups, and HMIS Groups established to accomplish the responsibilities of the Continuum of Care, as defined in the HEARTH Act Interim Rule and available in the "Responsibilities of the Continuum of Care" section.

The Continuum of Care Regional Committee on Homelessness approved the following CoC governance structure on March 18, 2013. The charter and governance structure will be reviewed every other year and updated as necessary.

CoC Board
Decision making group.
(Seven to 13 members)

CoC Committee
Carries out responsibilities of HEARTH, and recommends items to the CoC Board.
(27 Members currently)

Performance Standards & Data Quality Group
(7 to 13 members)

Ad-Hoc Stakeholder Groups
As needed, carries out time-limited and action specific work.

HMIS Advisory Board
(HMIS users)
(Staffed by the HMIS Lead Agency)

*Needs to include at least one representative from each of the categories listed in the Continuum of Care membership defined by HUD (refer to Continuum of Care membership).

Relationship of the Collaborative Applicant to the Continuum of Care

As the collaborative applicant, the Maricopa Association of Governments will staff the Continuum of Care and related committees and stakeholder groups. The collaborative applicant will receive funding from HUD and other sources as needed to fulfill the responsibilities of staffing the CoC.

In order to fulfill federally designated responsibilities, the collaborative applicant will sign an agreement with HUD and will fulfill the responsibilities outlined in the agreement, including but not limited to the following:

- Monitor and report progress of the project to the CoC and HUD.
- To ensure, to the maximum extent practicable, the inclusion of individuals and families experiencing homelessness in the project.
- To take the educational needs of homeless children into account when families are placed in housing.
- To use the centralized or coordinated assessment system established by the CoC.
- To follow the written standards for providing Continuum of Care assistance developed by the Continuum of Care, including the minimum requirements set forth by HUD.

In order to staff the CoC, the collaborative applicant will undertake the following activities to staff the CoC:

- Develop the consolidated funding application to HUD on behalf of the region.
- Prepare agendas and minutes, meeting materials, and communications.
- Maintain records and distribution lists.
- Monitor HUD funded programs.
- Coordinate year round planning activities such as the Annual Homeless Street and Shelter Counts, gaps analysis, and housing inventory.

In order to develop and maintain meaningful partnerships that support the work of the CoC, the collaborative applicant will facilitate partnerships with the following groups and others as needed:

- Support work in the community to end homelessness among veterans through the Veteran's Working Group.
- Collaborate with Emergency Solutions Grant recipients on setting and measuring community wide goals and performance measures.
- Forward advocacy issues to the Arizona Coalition to End Homelessness.
- Work collaboratively with other community stakeholders toward ending homelessness throughout the region.

Continuum of Care Board

The role of the Continuum of Care Board is to be the decision-making body for the CoC. Decisions will be made with input from the CoC Committee.

Membership

The CoC Board membership will be developed and implemented in compliance with requirements from the U.S. Department of Housing and Urban Development (HUD), as defined in the HEARTH Continuum of Care Program Interim Rule released on July 14, 2012. There are three elements within membership including definition of membership structure, selection of members, and ongoing analysis and refinement of membership.

Membership Structure

The first element is defining the membership categories and the number of seats for each category. There will be a minimum of seven seats on the board and a maximum of 13 members. Membership of the CoC Board will follow the agency within the category below, rather than the individual.

Category	Number of Seats (Maximum)
Formerly Homeless Representative	1
ESG Recipient's Agency Representative	1
Policy/Advocacy Representative	4
CoC Funded Provider Representative	3
Funder	2
Community Seat	2

Definition of CoC Board Categories:
- Formerly Homeless Representative: An individual who was at one point homeless.
- Emergency Solutions Grants (ESG) Program Recipient's Agency Representative: HUD defines ESG recipients as state governments, metropolitan cities, urban counties, and U.S. territories that receive ESG funds from HUD and make these funds available to eligible sub recipients, which can be either local government agencies or private nonprofit organizations.
- Policy/Advocacy Representative: Individual(s) who represent local government, county or state agency, AHCCCS, advocacy or policy-making group, member of the MAG Regional Domestic Violence Council, or other local policy/advocacy group recommended by the Continuum of Care.
- CoC-Funded Provider Representative: An agency that operates a Continuum of Care Program funded homeless assistance program.
- Funder: A local agency that funds homeless services and housing programs in Maricopa County. This could include a philanthropic funder, a municipality, United Way, or other funder recommended by the Continuum of Care.
- Community Seat: Individual(s) who represent the public housing authorities, businesses, faith-based organizations, jails, hospitals, universities, or other community seat as recommended by the Continuum of Care.

The three CoC funded provider seats on the Board will represent one or more of the following homeless subpopulations:

a) Single individuals
b) Families with children
c) Veterans
d) Persons who are chronically homeless
e) Persons with HIV/AIDS
f) Unaccompanied youth
g) Persons with behavioral health issues
h) Persons who are victims of domestic violence

Membership Selection
The second element is recruitment and selection of the members for each CoC Board seat. The process to select the CoC Board membership will be transparent, inclusive, and democratic in nature. The CoC Board member selection process will include consideration of geographic balance, representation of homeless subpopulations, and knowledge of the issues pertaining to the Continuum of Care and/or persons experiencing homelessness in the region.

When a vacancy occurs, a Membership Workgroup may be formed to recommend new members **if** the Board decides to recruit new members. If the current membership consists of seven or more members, the Board may decide not to add members. If the Board decides to add members, the Membership Workgroup may include members of the Board, members of the Committee, members of PSDQ, members of the CEOWG, and members of the community with a total of seven members. To solicit new Board members, an invitation will be extended by the collaborative applicant to the CoC Committee and stakeholders requesting potential members to submit letters of interest. The collaborative applicant will prepare a list of people who submitted letters of interest with the category(ies) they represent to the Membership Workgroup. The Membership Workgroup will review the list and letters and make recommendations to the CoC Board for membership. The CoC Board will review recommendations, as well as the list and letters, and vote to fill vacancies on the Board. Members cannot vote for themselves. The CoC Board will base the decision on ensuring diverse representation on the Board in compliance with the HEARTH Act Interim Rule and local priorities.

Once the first Board has been established, staggered term limits will apply with 33 percent of the board rotating off every year. The initial rotation will begin with one third of the membership serving a two year term, one third serving a three year term, and one third serving a four year term with all members serving staggered three year terms thereafter. Members may choose to extend their terms for one additional three-year term, but must rotate off the Board for at least one year following the second term before seeking to rejoin the Board. In cases of vacancies in the middle of a term, the new member filling the vacant positon will be elected to a new three-year term and will not be held to the remaining term of the vacant position.

Exceptions may be made to the term limits with approval from the Board if no other members can be found to represent a certain category.

Ongoing Analysis of Membership

To address the third element of membership, the CoC Board will review its membership every year in accordance with HUD regulations and to make adjustments as needed to comply with federal and local policies. Changes can be made to the composition of the CoC Board membership if determined necessary to comply with HUD regulations or to meet the goals of the Continuum of Care.

Leadership

The Co-Chairs of the Continuum of Care-Board are selected by Board Members. When the term of either Co-Chair is finished, the collaborative applicant will invite letters of interest from the Board to serve as the Co-Chair. If the Co-Chair is seeking as second term, the Board may elect the member to continue as Co-Chair or select another member to serve. The CoC Board will review letters of interest and vote to fill the Co-Chair vacancy.

One of the Co-Chairs will may be an elected official from a town, city, County, or Native American Community within Maricopa County, but is not required. The second Co-Chair will represent a nonprofit agency or other relevant stakeholder from within the same geography. The second Co-Chair may also be an elected official as long as they fulfill this definition of representation. Representation is not defined as employment with the stakeholder.

Both Chairs will serve staggered two year terms with the Co-Chairs rotating off at the end of their term.

Planned Meetings of Continuum of Care Board and Agendas

The Continuum of Care Board is expected to meet at least bi-monthly with potential meeting dates in January, March, May, July, September, and November of each year.

The CoC Board will follow open meeting rules. The collaborative applicant will give notice of each meeting at least 72 hours prior to the meeting. Formal meeting agendas and materials will be developed by the collaborative applicant with input from the Co-Chairs and posted on the collaborative applicant's website. Each agenda will include an opportunity to request future agenda items.

Participation

CoC Board members are expected to attend in person or by phone CoC Board meetings. After four consecutive absences, the CoC Board shall consider the seat vacated. After three consecutive absences, the Chair or collaborative applicant will notify the member of a pending violation of this policy. The notification will request a response from the member stating her/his interest in continuing to serve on the CoC Board and inform the member that if he/she does not attend the next scheduled meeting, the seat will be considered vacant.

Code of Conduct

A CoC Board member must disclose personal, professional, and business relationships when making decisions and taking action on items. If there is a conflict of interest, the member must recuse herself or himself from voting on or taking action on that item. (I would suggest that each Board member sign a conflict of interest statement annually.)

Continuum of Care Regional Committee on Homelessness

The role of the Continuum of Care Committee is to make recommendations to the CoC Board for approval. The Committee will prioritize the following work within the Continuum of Care:

1. Continuously improve program and system quality.
2. Promote education and training opportunities.
3. Inform community planning efforts and decision-making.
4. Foster communication and collaboration.

<u>Membership</u>

Membership will include representation for all the categories required by HUD and identified below. One member may represent more than one category. The intent of the membership structure is to be inclusive and representative of the diversity in the region. Membership on the CoC Committee pertains to the agency and not the individual.

Membership Structure

Per HUD regulations, the following categories will be represented on the Continuum of Care Regional Committee on Homelessness:

Category	Number of Seats (Minimum)
Nonprofit homeless assistance providers	1
Victim service providers	1
Faith-based organizations	1
Governments	1
Businesses	1
Advocates	1
Public housing agencies	1
School districts	1
Social service providers	1
Mental health agencies	1
Hospitals	1
Universities	1
Affordable housing developers	1
Law enforcement	1
Organizations that serve veterans	1
Homeless and/or formerly homeless individuals	1

Initial Membership Selection

Initially, the collaborative applicant will invite members of the current CoC Committee and stakeholders to submit letters of interest for membership on the new CoC Committee. The collaborative applicant will prepare a list of the names and categories represented and provide

this with the letters to the Membership Working Group. The Membership Workgroup will recommend to the CoC Committee for action an appropriate composition of members to represent all the categories listed. The CoC Committee will approve the membership for the new CoC Committee. HUD CoC Program-funded agencies may, but are not required to, have an on-going seat on the Continuum of care Committee. This seat is not subject to term limits. Community and/or non-HUD CoC Program-funded agencies are subject to term limits described below.

Ongoing Membership Selection

For members representing HUD CoC program-funded agencies, the agency Executive Director/Chief Executive Officer will designate the representative and may change representatives as necessary. The ED/CEO will forward the résumé of the designated representative to the collaborative applicant. Letters will be sent from the collaborative applicant to the agency ED/CEO annually, in January, soliciting a response from the ED/CEO to either maintain their current representative or appoint a new one. If the HUD CoC-program funded agency representative does not attend meetings in accordance with the policy described in the *"Maintaining CoC Committee Membership"* section below or leaves the agency they represent, the Chair or collaborative applicant will inquire with the ED/CEO about designating a new representative, without awaiting the new recruitment period.

For members representing the community and/or non-HUD CoC Program-funded agencies, there will be three year staggered term limits. The initial rotation will begin with one third of the membership serving a two year term, one third serving a three year term, and one third serving a four year term with all members serving staggered three year terms thereafter. Initial selection for the two year, three year, and four year terms will be determined by lottery at a CoC Committee meeting. If a community member seat is vacated during the year, it will remain empty until the next recruitment period. Biannually, January and July, the collaborative applicant will solicit letters of interest and résumés from prospective members representing stakeholders. Notification of vacancies for community members will be solicited through the MAG website, the CoC email distribution list, the Arizona Coalition to End Homelessness website, and announcements at COC Committee and COC Board meetings. Interested parties shall submit their résumé to the collaborative applicant. Once the résumé is received, the collaborative applicant will provide an application requesting information about the applicant's interest in the Committee, experience in areas related to homelessness, and willingness to participate in the work of the Committee. Applications and résumés will be reviewed by the CoC Committee Membership Work Group and recommendations will be made to the CoC Committee. The CoC Committee will vote to approve applicants for membership.

<u>CoC Committee Membership Review Work Group</u>

In order to address ongoing recruitment and membership need, a Membership Review Work Group is established and shall be comprised of a subset of volunteer members of the CoC Committee. Members will serve a one-year term. The CoC Committee Membership Review Work Group will review résumés and applications and recommend candidates for membership on the CoC Committee. At least one member of the Membership Review Work Group, along with the

collaborative applicant, will provide an orientation to new CoC Committee members and written materials outlining the CoC structure and its components.

Participation
CoC Committee members are expected to attend CoC Committee meetings. After four consecutive absences, the CoC Committee shall consider the seat vacated. After three consecutive absences, the Chair or collaborative applicant will notify the member of a pending violation of this policy. The notification will request a response from the member stating her/his interest in continuing to serve on the CoC Committee and inform the member that if he/she does not attend the next scheduled meeting, the seat will be considered vacant. A member may send a representative to act as her/his designated proxy. If the member is represented by a proxy, the member is considered "present" for that meeting.

CoC Committee members are required to serve on at least one ad-hoc committee, sub-committee, and/or work group. The committee/work group may be either be a committee/work group staffed by the collaborative applicant or an established CoC committee/work groups staffed by another representative **and** among the committee/work groups acknowledged and of interest to the CoC Committee. Meeting sign in sheets will be collected and a matrix of attendance established and reviewed by the CoC Committee.

Leadership
A Chair and Vice Chair representing different categories will serve two year terms. At the end of the second year, the Vice Chair will ascend to the Chair position. The collaborative applicant will solicit letters of interest from the CoC Committee membership and stakeholders to fill the Vice Chair position, as well as the Chair position if the Vice Chair does not ascend. The collaborative applicant will provide a list of the names and the categories they represent to the CoC Committee with the letters of interest. The CoC Committee will vote on recommendations for the Vice Chair, and Chair if needed, to give to the Board. The Board will take action on filling the Vice Chair position, and the Chair position if needed. Strong consideration will be given to those candidates who have demonstrated ongoing, active engagement in the Continuum of Care.

Planned Meetings of CoC Committee and Agendas
The CoC Committee is expected to meet bi-monthly with potential meeting dates in February, April, June, August, October, and December of each year.

The CoC Committee will follow open meeting rules and the collaborative applicant will give notice of each meeting at least 72 hours prior to the meeting. Formal meeting agendas and materials will be developed by the collaborative applicant with input from the Chair and Vice Chair and will be posted on the collaborative applicant's website. Each agenda will include an opportunity to request future agenda items.

Code of Conduct

A CoC Committee member must disclose personal, professional, and business relationships when making decisions and taking action on items. If there is a conflict of interest, the member must recuse herself or himself from voting on or taking action on that item.

Ad Hoc Stakeholder Groups
The Continuum of Care may establish Ad Hoc Stakeholder Groups or working groups as the committee deems necessary. These groups can be ongoing or time limited and will meet as needed to accomplish the work defined by the Continuum of Care. Ad Hoc Stakeholder Groups may include, but are not limited to:

- Veteran's Working Group
- Coordinated Assessment Work Group
- Coordinated Assessment Planning
- Permanent Housing Work Group
- HEART Planning/HEART Training/HEART Data
- ESG Collaborators
- Ranking and Review Performance Evaluation
- Point-in-Time Count Planning
- Gaps Analysis
- Street Outreach

Meeting Minutes
Proceedings of the CoC Board meetings and the CoC Committee meetings are documented concisely in minutes and posted on the collaborative applicant's website at www.azmag.gov.

Quorum
The CoC Board and the CoC Committee will operate under open meeting law quorum rules. A number equal to a simple majority of the representatives serving on the CoC Board and the CoC Committee shall constitute a quorum for the purpose of taking action on any business at a meeting. Action cannot be taken on any item if there is no quorum present and voting will not occur in such case. Informational items on the agenda may be heard but not discussed.

Review of Charter
The CoC Board will review this charter annually to ensure it remains consistent with the objectives and responsibilities of the CoC in accordance with the HEARTH Act and HUD regulations.

Annual Continuum of Care Program Application
The collaborative applicant will design, operate, and follow a collaborative process for the development of applications and approval of the submission of applications to the U.S.

Department of Housing and Urban Development. The CoC Board will establish priorities for funding projects.

Homeless Management Information System (HMIS)
The Continuum of Care is responsible for designating and operating an HMIS and an eligible applicant to manage the HMIS, consistent with the requirements in the HEARTH Act. The HMIS Lead is the eligible applicant designated by the Continuum of Care to carry out the day to day operations of the HMIS.

HMIS Background
The Continuum of Care designated Community Information and Referral (CI&R) as the lead agency for the HMIS in 2002. CI&R will maintain the community's HMIS in compliance with HUD standards and coordinate all related activities including training, maintenance and technical assistance to agencies. Annually, the Continuum of Care will conduct an HMIS survey to assess the effectiveness of the HMIS and provide the results of that survey to the Continuum of Care Board.

The HMIS governing documents, policies, and procedures required by the HEARTH Act will be developed by the HMIS lead agency and approved by the CoC Board in accordance with the HEARTH Act. The groups needed to facilitate HMIS may include but are not limited to the following a HMIS Advisory Group.

Point-in-Time Count
Consistent with HUD requirements, an annual Point-in-Time (PIT) count will be conducted. Participation in the PIT Count Working Group will be open to all interested. The CoC Board will approve the results of the annual PIT count. The CoC Committee will lead coordination efforts to conduct the count with approval by the Board.

Other HUD Mandated Activities
Per HUD regulations, the Continuum of Care will undertake processes to monitor other activities mandated by HUD.

Feedback on Consolidated Plans
The CoC Board is responsible for providing feedback to the local governments (City/County) that have developed Consolidated Plans. At the direction of the CoC Board, the collaborative applicant will gather the consolidated plans and evaluate the plans based on criteria developed by the CoC Board. The collaborative applicant will report on the outcome of the evaluation for action by the CoC Board. The CoC Board action and feedback will be provided by the collaborative applicant to the responsible unit of local government. This review will occur on an annual basis.

Coordination and Integration with Emergency Solutions Grant (ESG) Recipients
The CoC Board will consult and coordinate with ESG recipients to maximize resources available to prevent and end homelessness. Per federal guidance, this consultation will include an

assessment of the most effective strategies to allocate funding, report on progress made, and evaluate the performance of ESG recipients and sub recipients. The process to conduct this consultation will include the following steps:

- The CoC Board will evaluate the region's needs for emergency shelter, rapid re-housing, and homeless prevention for the different subpopulations within homelessness such as single individuals, families, and veterans.
- The collaborative applicant will convene the local ESG recipients and State recipient to determine how the needs identified by the CoC Board are currently being addressed and what can be done to address the stated needs more effectively. State ESG funding may be targeted to supplement funding available from the local ESG recipients. A plan will be developed collaboratively by the collaborative applicant, local ESG recipients, and state recipient to maximize the resources available to meet the needs identified by the CoC Board.
- The CoC Board will review the plan, provide input, and support the implementation of the plan. Short, medium, and long-term goals may be developed to best meet the region's needs.
- This process will repeat on an annual basis.

Standards for Administering Assistance

The collaborative applicant will assist the CoC Committee to develop standards for administering assistance in keeping with requirements set forth by HUD. The Committee will draft recommendations for review and approval by the Board. Annually, the standards will be reviewed by the Committee with recommendations to be developed for review and action by the Board.

Coordinated Assessment

In April of 2012, the CoC began a planning process to create a regional Coordinated Assessment System. A Coordinated Assessment Working Group; made up of homeless services providers, funders, and municipalities; was created and charged with making recommendations to the CoC. The goal of the Coordinated Assessment System is to end homelessness quickly and effectively through a housing first approach. The system will be easy to navigate and will include multiple points of access throughout the region.

In August, 2012, the Working Group developed the following guiding principles upon which to build the coordinated approach:

- The assessment and referral process should be client-centric.
- The system must be easy for clients to navigate.
- Establish have multiple points of access.
- Prioritize enrollment based on client need.
- Prioritize "hardest to serve" clients first.
- Focus on ending the client's homelessness as quickly as possible.

- Balance provider choice in making enrollment decisions with the system's need to serve all clients.
- Initial Assessments should be as simple as possible.
- Establish accountability amongst assessment workers and providers.
- Make a system that is sustainable.
- Leverage and support existing partnerships and strong partnership.
- Streamline any parallel processes.
- Offer choices which promote self-sufficiency.
- Deliver services that are well coordinated between all staff and agencies.
- Support provider staff with appropriate referrals.
- Ensure availability and access to a broad, flexible array of effective services and supports for consumers and their families that address their multiple needs.
- Provide individualized services in accordance with the unique potentials and needs of each consumer and family.
- Use a Housing First approach.
- Use real-time data to make quick referrals.

In August 2013, the CoC approved the integration of the Service Prioritization Decision Assessment Tool (SPDAT) and the Family SPDAT as the region's common assessment tool. Use of the SPDAT and Family SPDAT will streamline the referral process and prioritize individuals and families with the highest level of needs. Coordinated Assessment will be implemented in phases. The first phase, beginning in November 2013, will include one access point for singles and one access point for families within the city of Phoenix. The second phase, beginning in July 2014, will include additional access points for singles and families in the east and west valley as determined by the CoC. The CoC will comply with the HEARTH Act in all aspects of Coordinated Assessment implementation.

HEARTH Act Compliance
The Continuum of Care will ensure it meets all aspects of HEARTH Act compliance.

Maricopa HMIS

Policies and Procedures

Table of Contents

Vision Statement

The Homeless Management Information System Project (HMIS) produces timely, accurate, and complete information for stakeholders working to end homelessness in Maricopa County.

Background

The HMIS implementation began with a community wide planning process in December 2001. The Maricopa Association of Governments, on behalf of the Continuum of Care Regional Committee on Homelessness and Community Information and Referral Services (CIR) of Maricopa County, convened a planning process to identify the high level requirements for the Maricopa Homeless Management Information System (HMIS) and to select a software vendor that would meet the requirements of the local community and the U.S. Department of Housing and Urban Development (HUD). Community Information and Referral Services is the HMIS Lead Agency and System Administrator for implementation of the HMIS project. This planning process, which included representatives of homeless provider agencies, city, county and state government agencies, private foundations, and private information technology experts, developed a design for the system and presented its recommendations to the Continuum of Care Regional Committee on Homelessness and its Planning Subcommittee for approval.

Following the approval, the planning participants developed a Request for Proposals, identified potential software vendors, and issued a public invitation to bid on the requirements. The resulting recommendation, also approved by the Continuum of Care Regional Committee on Homelessness and its Planning Subcommittee, was that CIR enters into negotiations with Bowman for ServicePoint, and contract for co-location of the servers and database with Bowman.

Introduction

The Maricopa County Homeless Management Information System (HMIS) was developed to support the Maricopa County homeless providers and partner with agencies in their missions, by supplying them with the tools to meet the reporting requirements for their projects. The HMIS provides information to the U.S. Department of Housing and Urban Development (HUD), local nonprofits, state-level policy makers, federal partners and other advocates in the mission to end homelessness.

The HMIS is a client information database that provides a standardized assessment of client needs, creates individualized service plans, and records the use of housing and services. The fundamental goal of the HMIS is to use the data to determine the utilization of services of participating agencies, identify gaps in the local service continuum and develop outcome measurements, according to the HUD/Maricopa County CoC HMIS standards. The HMIS can identify patterns in the utilization of assistance, as well as document the effectiveness of services for clients.

All this will be accomplished through data analysis of the actual experiences of persons experiencing homelessness, as well as the service providers who assist them in shelters and homeless assistance projects throughout the state. This data may also be analyzed to provide unduplicated counts and anonymous aggregate data to policy makers, service providers, advocates and consumer representatives. Statewide reporting is based on aggregate, non-identifying data; therefore, such data may be shared with the public without specific permission.

The HMIS uses a web-based software project from the HMIS Software Vendor called ServicePoint, which resides on a central server to facilitate data collection by homeless service organizations in Maricopa County. Access to the HMIS is limited to agencies and authorized staff members who have met the necessary training requirements and have signed the necessary privacy, data sharing (if applicable), security and licensing documentation (if applicable), as listed in this manual. As the guardians entrusted with personal data, agencies have both a moral and a legal obligation to ensure that data is being collected, accessed and used appropriately. All agencies must be vigilant to maintain client confidentiality, treating the personal data of Arizona's most vulnerable populations with respect.

Every Maricopa project that receives federal homeless project funds from HUD is required to enter data on persons served with those funds into the HMIS. Some projects funded through the U.S. Veterans Administration and the U.S. Department of Health and Human Services may be required to enter data into the HMIS, as well. In addition, the HMIS encourages agencies that do not receive federal funds to participate in the HMIS so that service provision in the Maricopa Regional Continuum of Care is coordinated and that data represents the broader network of service provision in the continuum.

The data standards also require organizations to comply with any federal, state and local laws that require additional confidentiality protections, including but not limited to:

- The Health Insurance Portability and Accountability Act of 1996 (45 CFR Parts 160 and 164);
- The Confidentiality of Alcohol and Drug Abuse Patient Records Rule (42 C.F.R. Part 2);
- The Violence Against Women Act (VAWA).

As these data standards are subject to change, all providers are responsible for monitoring for updates and being in constant compliance with all data standards.

HMIS

Community Information and Referral Services (CIR) is the lead agency for the HMIS implementation in the Maricopa County Regional Continuum of Care (AZ-502).

To ensure the integrity and security of sensitive client confidential information and other data maintained in the database, CIR requires all participating agencies to sign the HMIS Partnership Agreement (Attachment A). All end users must sign a Code of Ethics Agreement (Attachment B) prior to being given access to the HMIS. All clients must sign a Release of Information (Attachment C) prior to entry of the individual's data into the system.

Terminology

Many of the terms used in the HMIS Policies and Procedures Manual may be new to many readers. It is important to understand the terms used to better understand the roles, responsibilities and liabilities of the HMIS.

Advanced Reporting Tool (ART): HMIS Software Vendor partners with S.A.P. Business Objects to give users access to a wide variety of reports. The ART is used commonly for federal reporting and project customization of reports.

Agency Administrator: The person responsible for HMIS administration at the participating agency level and is the lead agency contact with CIR.

Annual Homeless Assessment Report (AHAR): The report to the U.S. Congress on the extent and nature of homelessness in America.

Annual Performance Report (APR): The HUD-required report used to track progress and accomplishments of COC-funded projects.

Maricopa County Regional Continuum of Care: The HUD recognized Continuum of Care comprised of homeless programs in Maricopa County, Arizona.

Maricopa County Homeless Management Information System (HMIS): The database used collectively by partnering agencies within the Maricopa Regional Continuum of Care to track client service records, coordinated assessment, service needs, progress and accomplishments of clients served.

Maricopa Association of Governments (MAG): The CoC lead entity for the Maricopa Regional Continuum of Care.

Authentication: The process of identifying a user to grant access to a system or resource based on a username and password.

Client: An individual who has inquired, is receiving, or has received, *services* from a participating HMIS project that collects or maintains personally-identifiable service information.

Client Acknowledgement Form: The form signed by clients authorizing or denying their client specific information be collected and shared via the HMIS project.

Code of Ethics Agreement: An agreement between participating agency users and CIR that allows access to HMIS.

Continuum of Care (COC) Project: Project receiving funding from HUD through the competitive COC application process. These projects are identified in the HMIS as COC projects.

Executive Director: A person who serves as the top executive official of a participating agency. This person may have a title of chief executive officer or president, etc.

HMIS Software Vendor: The company/vendor responsible for the HMIS software. Bowman holds the contract for HMIS and ServicePoint under a contract with Community Information and Referral renewed annually with the last renewal executed in November 2015.

HMIS Lead Agency and System Administrator (LASA): Completes the functions of the administrating the HMIS software. Community Information and Referral is the Lead Agency and System Administrator (LASA) for the HMIS under a Memorandum of Understanding between Community Information and Referral and the Maricopa Association of Governments Regional Continuum of Care executed in May 2016.

Housing Inventory Count (HIC): The inventory of beds for persons experiencing homelessness, including seasonal and overflow beds.

Participating Agency: Any agency/project that enters client-level information into the HMIS.

Point In Time (PIT): The annual **count** of sheltered and unsheltered persons experiencing homelessness on a single night.

Release of Information (ROI): A statement signed by the client authorizing or denying the participating HMIS agency/project to give other participating agencies their personal information and information regarding the client's situation.

ServicePoint: A software package written by HMIS Software Vendor, which tracks data about people in housing crisis to determine individual needs, provide a referral system and create aggregate data for reporting and planning. The software is web-based and uses a standard graphical user interface similar to Microsoft Windows.

User: An individual who has been granted access and uses HMIS. Users are the main guardians against violating a person's confidentiality.

Roles and Responsibilities

Community Information and Referral Services (CIR)

CIR is the lead agency for the implementation and maintenance of the HMIS.

CIR HMIS Management

Policy: CIR as the System Administrator and HMIS Lead Agency is responsible for the organization and management of the HMIS. CIR is responsible for all system-wide policies, procedures, communication and coordination of the HMIS.

Procedure: CIR will follow protocols established by HMIS Software Vendor, LLC, in regard to unauthorized access, as established on pages nine (9) and ten (10) of the HMIS Software Vendor Securing Client Data Policy Manual. An HMIS team member will notify HMIS Software Vendor of any software issues within twelve (12) hours of being made aware of the issue and an investigation at the System Administrative level has taken place. All information received from HMIS Software Vendor pertaining to use, access, reporting or live site system will be disseminated to Executive Directors or his/her designee within three (3) business days of receipt. No user, Executive Director or agency may contact Bowman System directly, without the express written consent of CIR. The HMIS Lead Agency/System Administer will contact Bowman System to coordinate system updates, software issues and other system administration functions.

HMIS Documentation

This document includes the HMIS Policies and Procedures Manual, the HMIS Data Quality Plan, the Maricopa County Security and Privacy Plan, the HMIS Code of Ethics Agreement, the HMIS Partnership Agreement, the Client Acknowledgement Form and all other related forms.

Policy: LASA will provide the necessary manuals and forms for all users. These documents will be kept up-to-date and in compliance with all HUD policies and requirements. Agency Administrators will be responsible for downloading and distributing to end users within the agency the HUD Data Standards Manual available on LASA website www.211arizona.org/HMIS or the HUD Exchange website https://www.hudexchange.info/.

Procedure: LASA will review the HMIS Policies and Procedures Manual, the Data Quality Plan, the Security and Privacy Plan, the Code of Ethics Agreement, the Partnership Agreement, the

Client Acknowledgement Form, the Agency Update Form and related forms annually and they will be updated based on HUD regulatory changes and requirements.

Agencies must submit an updated Agency Update Form when changes occur in the programs that necessitate updating. The beginning of each calendar year, the documents will be reviewed and updated. In the event HUD issues interim changes to the requirements, affected policies and procedures and any related documentation will be reviewed and updated at that time, as well. All changes will be communicated to participating agencies through the Maricopa HMIS Committee meetings, HMIS system (i.e., "System News") and electronically through the end user e-mail distribution list. All documents will be available for download at www.211arizona.org/hmis.

Security Management

Policy: LASA will be responsible for the continuous monitoring of security and user access.

Procedure: Refer to HMIS Software Vendor Securing Client Data Policy Manual (Attachment D).

Training

Policy: LASA will provide timely training for all new users, continuing education and ART reporting in the most efficient and effective way possible.

Procedure: LASA will provide training to all users through the HMIS Training Academy offering online and in person trainings. LASA will also notify participating agencies and users of upcoming trainings through the System News available in ServicePoint and/or electronically. Agencies will be given no less than thirty (30) days advance notification of in person trainings on the calendar. LASA will conduct all new user training, specialized training relevant to user position and report training. At no time will a participating agency contact Bowman directly for training. The System Administrator will send training confirmation responses to registered users within three (3) business days of online registration.

Agency Management

Policy: LASA will set-up and terminate agencies, projects and users, as needed.

Procedure: Agencies will notify LASA of new projects and new users electronically or by telephone by contacting LASA HMIS Help Desk at HMISsupport@cir.org or (602) 908-3605.

User Management

Policy: LASA will give appropriate levels of access to the system based on user's position in the participating agency, configuration of projects and designation by the Executive Director.

Procedure: LASA in consultation with the participating agency Executive Director or his/her designee will assign appropriate user levels when adding a new user. LASA will always assign the most restrictive access to users while still allowing efficient job performance to protect client confidentiality or privacy.

System Availability

Policy: HMIS Software Vendor will provide a highly available HMIS and will inform users in advance of any planned interruption in service.

Procedure: Scheduled upgrades and maintenance will occur on Friday nights after 9:00 p.m. MST. LASA will inform users of the exact date and time at least three (3) business days prior to scheduled upgrade via ServicePoint System News and direct e-mail to all end users on record. In the event of an unscheduled unavailability, LASA will contact the end users via email and inform them of the cause and the anticipated duration of the interruption of service. Users will be notified as quickly as possible of system unavailability, but in no case more than twenty-four (24) hours after service interruption.

Participating Agency

A participating agency is one that enters client-level data into the HMIS.

Security Management

Policy: Agencies are responsible for ensuring all hardware and software used to access and/or store HMIS client-level data is in a secure location where access is restricted to authorized staff. Agencies must comply with the Maricopa HMIS Security and Privacy Plan.

Procedure: Agencies may be monitored for security by LASA through remote or on-site compliance visits. Failure to comply will result in deactivation of all agency user accounts and the agency may be non-compliant with HUD and/or other funding regulations.

Records Management

Policy: The participating agency must maintain appropriate documentation of any client Release of Information and Client Acknowledgement Form records obtained in a secure location for a period of five (5) years after the last date of client service and assure their subsequent destruction by shredding. In addition, agencies must keep Agency Update Forms, Agency Partnership Agreements, Data Sharing Agreements, Opt-out Requests, grievance documentation and all other HMIS related documentation in a secure location for a period of five (5) years.

Procedure: Records must be made available to the client, upon written request, within fourteen (14) business days. Compliance monitoring is completed by LASA, as requested by funders or required by regulation. Agencies will be required to show proof of compliance with the above policy at time of compliance monitoring. Failure to comply will result in deactivation of all agency user accounts and the agency may be non-compliant with HUD and/or other funding regulations.

Privacy Management

Policy: Agencies will be solely responsible for ensuring clients understand privacy. With the exception of agencies providing services solely to children and youth, all agencies must obtain a signed Client Acknowledgement Form from each client before entering data into the HMIS. Clients in Runaway and Homeless Youth (RHY) Programs and private programs that serve only children and youth will NOT be asked to provide a Client Acknowledgement Form. All HMIS agencies must post a Privacy Notice at all intake

locations. A copy of the Privacy Notice will be made available to all clients at the client's request.

Procedure: A copy of the Privacy Notice and the current Client Acknowledgement Form can be found at www.211Arizona.org/HMIS. Clients may request to not share their data in the HMIS. In that case, clients would be entered by locking the record. Records may be locked by contacting the LASA. The Client Acknowledgement Form will be in effect for one (1) year from the date of signing. Upon Recertification of client, new Client Acknowledgement Form must be signed for all programs except those serving solely children and youth.

HMIS compliance monitoring when needed or required will be completed by the LASA as the System Administrator for HMIS. Agencies will be required to show proof of compliance with the above policy at time of compliance monitoring. Failure to comply will result in deactivation of all agency user accounts and the agency may be non-compliant with HUD and/or other funding regulations.

Data Sharing

Policy: Data sharing of the HUD Universal Data Elements among participating HMIS agencies began in 2013. Agencies can share with other agencies with a signed MOU or Data Sharing Agreement indicating a desire to share data. All HOPWA projects are currently prohibited from participation in data sharing. All other data sharing policies and agreements will be noted in the Maricopa HMIS Data Sharing Policy.

Procedure: All projects, with exception of HOPWA and RHY will have the opportunity to share client-level data. The continuum wide client-level data sharing privileges in HMIS is currently the HUD Universal Data Elements (UDEs) only. Participating agencies have the opportunity to sign a Data Sharing Agreement or MOU with other agencies. All agreements need to detail items to be shared and signed by all parties. Verbal agreements are not acceptable. Agencies will comply with the Maricopa County Data Sharing Policy.

Executive Director

The Executive Director or designee is responsible for ensuring their agency and all licensed users within their agency abide by all COC established regulations, standards, policies and procedures in regards to the HMIS and clients' rights.

Documentation

Policy: Before any agency user is given access to the HMIS, the Executive Director or his/her designee must complete and submit the necessary original documentation to LASA to keep on file.

Procedure: The Executive Director or his/her designee **must** read, understand, and sign the HMIS Partnership Agreement bi-annually (50% of agencies each year). Read, understand, and sign each of the agency's users' HMIS Code of Ethics Agreements annually. Update the Agency Update annually when necessary.

In addition, the Executive Director must comply with approved Maricopa HMIS User Frees annually for HMIS participation. Invoices will be sent to all agencies during the first quarter each fiscal year. Failure to comply with payment of User Fees within 90 days of invoice will result in deactivation of all agency user accounts, unless CIR as the System Administrator is made aware and agrees to extenuating circumstances/payment plan option.

Ultimately Responsible

Policy: The Executive Director or his/her designee is the person ultimately responsible for compliance with all policies and procedures in this manual; which includes but is not limited to: knowledge and understanding of client rights, grievance procedures, data sharing, agencies security and all actions and work conducted by licensed users in their agency, including those no longer employed at their agency.

Procedure: The Executive Director must verify and sign all reports or information distributed by their agency for submission or publications. The Executive Director or his/her designee must notify LASA within twenty-four (24) hours if a user should be removed from the HMIS by calling the LASA HMIS Help Desk at (602) 908-3605 or at HMISsupport@CIR.org.

The Executive Director is responsible for ensuring that all their agency HMIS users comply with the Code of Ethics agreement. Agencies with users who fail to comply with the Code of Ethics agreement may be suspended from the HMIS. Failure to comply may result in deactivation of all agency user accounts and the agency may be non-compliant with HUD and/or other funding regulations.

Agency Administrator

An Agency Administrator is the liaison between LASA all agency users. Agency Administrators will be given the role of "Agency Administrator" in the HMIS.

All Agency Administrators must have an e-mail address that is valid and up-to-date and act as the single point of communication between LASA and all of their agency users.

System Management

Policy: Agency Administrators will assist, as needed, the LASA in report development and testing custom reports requested by the agency. Agency Administrators will also be responsible for disseminating all information to users within their agency.

Procedure: Agency Administrators will be made aware via e-mail from LASA of all upcoming system and reporting changes. Agency Administrators are required to test and comment on all custom reports requested by the agency to the HMIS Help Desk at HMISsupport@CIR.org.

If a response from the Agency Administrator is needed, LASA will provide a deadline date for response, which will be no less than five (5) business days and no more than twenty (20) business days. The System Administrator will make the Agency Administrators aware when the final changes are implemented in the HMIS or ART reporting software. Agency Administrators will disseminate system and reporting changes to all other users within their agency within three (3) business days of final change.

When requesting a custom report agencies are required to submit a (Attachments H & I) or a report update form to LASA. These forms will then be reviewed by the LASA HMIS team for approval. If approved, the agency will then receive an estimated development time based on the complexity of the report. The agency might be asked to assist with the report development and validation process. The final report will not be released to the CoC until it has been fully tested by the LASA HMIS team and requesting agency.

When a report is requested by a group of agencies or initiative, meetings will be held during the report request process, development process, and validation process. All

parties will be represented at the meetings to ensure that the needs of all agencies/initiatives are being represented in the custom report.

Agency Management

Policy: The Agency Administrator(s) will be the sole user(s) able and responsible for updating, correcting and maintaining the provider information in the HMIS.

Procedure: Agency Administrators will have the privileges in the HMIS to change and update information regarding their agency and all projects for their agency. Agency Administrators will verify this information quarterly and make changes as necessary. Failure to comply by maintaining correct agency and project information in the HMIS may result in suspension of all agency licenses until corrections are made.

Training

Policy: Agency Administrators have been selected by the Executive Director or his/her designee as the staff member with the skills beyond that of a basic user. Agency Administrators will be required to attend a separate training at least one (1) time per year (twelve (12) months) or as needed/requested by LASA.

Procedure: One (1) hour trainings will be scheduled throughout the calendar year by LASA as the System Administrator for Agency Administrators. The System Administrator may select topics in consultation with LASA and/or based on evaluation of the HMIS FAQs on the Help Desk. Users are responsible for checking dates, times and class agendas on the System News in ServicePoint. Failure to comply with continuing education of the HMIS may result in suspension of the user's Agency Administrator status until requirements have been fulfilled.

User

A licensed HMIS user is responsible for ensuring their agency's client-level data is entered correctly and complies with all client rights, confidentiality and data sharing in compliance with COC regulations, standards, policies and procedures. Users will be assigned an appropriate user role in the HMIS.

Client-Level Data

Policy: Users will not knowingly enter false or misleading information under any circumstances into HMIS regarding the agency, project, or client.

Procedure: Users will submit all reports and/or information to the Agency Administrator/Executive Director for verification prior to submission to LASA. LASA will analyze and verify all data contained in reports and/or information prior to final submission and/or publication. If issues concerning client-level data are raised, LASA may conduct an audit and complete a monitoring site visit. Failure of an agency or user to comply or proof of violation can result in deactivation of the user's license permanently.

Ethical Data Use

Policy: Data contained in the HMIS will only be used to support the delivery of homeless and housing services. Each HMIS licensed user will affirm the principles of ethical data use and client confidentiality contained in the HMIS Policies and Procedures Manual and the HMIS Code of Ethics Form.

Procedure: Users will sign a HMIS Code of Ethics Form and receive user training before being given access to the HMIS. Any individual or participating agency misusing, or attempting to misuse, the HMIS will be denied access. Without limitation the failure to comply with the policies and procedures related to the HMIS, may subject the agency to discipline and termination of access to the HMIS.

Data Sharing

Policy: At no time shall a licensed user alter, change or delete other agency's data when participating in data sharing agreements.

Procedure: If at any time, client data is in question/conflicting, the HMIS users **must**: 1) contact his/her own Agency Administrator and explain the data in question; and 2) either contact the agency that originally entered the data to receive clarification or ask the Agency Administrator to contact the agency that originally entered the data. If a resolution or conclusion cannot be reached between the users, the Executive Directors or designees of concerned agencies must come to a resolution regarding correct data entry. At any time, LASA can be requested, in written form, to analyze audit trails for investigative purposes. If a resolution cannot be determined by the Executive Directors or designees of both agencies, one will be determined by LASA.

Client Release of Information

Policy: Users are the first to safeguard client privacy through compliance with client confidentiality and data sharing policies.

Procedure: Users in all agencies with the exception of those that provide services to Runaway and Homeless Youth (RHY) must obtain a signed Client Acknowledgement Form for each client prior to entering data into HMIS. This can be a release or denial of sharing. If a client denies sharing, the user **must** contact LASA as the System Administrator prior to entering client-level data into the HMIS. The Client Acknowledgement Form is in effect for one (1) year from the date of signing. If the Client Acknowledgement has expired, the user **must** obtain a new release prior to updating records. Signed Client Acknowledgment forms **must** be secure and retained for five (5) years by the participating agency from the date of the last service for the client.

Initial Training

Policy: All new users must have training with the LASA before entering data into HMIS. LASA and the agency requesting new user access will determine training date(s) within forty-eight (48) hours of user request for access to the system. Training must be completed within thirty (30) days of requesting HMIS user status.

Procedure: The LASA HMIS Training Academy is available for online and in person training. Online training is always available and accessible through the HMIS website

www.211arizona.org/HMIS. In person training will be conducted each month of the calendar year. Users must attend at least one (1) training prior to completing assigned tasks for course completion. If the user is unable to attend an in person training, a twenty-four (24) hour notice **must** be given to LASA. LASA shall provide at least thirty (30) days advance notice of training opportunities.

Continued Education Training

Policy: Users must attend at least one (1) HMIS Refresher Training course every year (twelve (12) months) to maintain the continuing skill set for data collection and reporting.

Procedure: LASA will schedule training options monthly throughout the year and publish information on the System News, monthly HMIS Committee meetings, as well as send notices directly to users. LASA as the System Administrator shall provide at least thirty (30) days advance notice of training opportunities. Online training is always available on the LASA website www.211arizona.org/HMIS.

Data Standards

Policy: Users must enter all data into the HMIS in accordance with the current HUD HMIS Data Standards and the Maricopa County Data Quality Plan.

Procedure: Users must review and understand the most current HUD HMIS Data Standards. The *HUD HMIS Data Standards: HMIS Data Manual* is available on the LASA website www.211arizona.org/HMIS and https://www.hudexchange.info/. Users must review and understand the most current HMIS Data Quality Plan available on the LASA website at www.211arizona.org/HMIS. Failure to comply with these standards will result in the user's license being suspended by LASA until further investigation or training can take place.

Clients

HMIS is a vehicle for information to be passed from participating agency to participating agency regarding client information, services, and referrals. The HMIS is geared to save clients time in re-telling their "story" and providing documentation. At no time should a client's rights, confidentiality or requests be violated.

Denial of Service

Policy: No client shall be denied a service for failure to release information for data sharing purposes or refusal to answer informational questions not required for service eligibility screening.

Procedure: Prior to collecting client-identifying information by the participating agency, clients **must** first sign the Client Acknowledge, acknowledging their request to share or deny the sharing of their information. If the client is returning to the Maricopa HMIS system after an absence of more than one (1) year, client data will be reviewed and updated.

Access to Data

Policy: Clients may have access to their data at any time and can ask for detailed explanation of the information given to them.

Procedure: Clients may request a printed report of their data from the HMIS from a participating agency and requests for data must be made in writing. Agencies will **only** print and distribute information collected by their agency and not all the client's data entered by other agencies and stored in the HMIS. Agencies must comply with client's request within fourteen (14) business days. Clients can ask for and receive a verbal or written explanation of the report given to them by the agency within seven (7) business days of receipt. Clients may request, in writing and including a self-addressed envelope, a printed report from LASA containing all their data in the HMIS. LASA will have thirty (30) days to respond to such requests. Clients can ask for and receive a verbal or written explanation of the report given to them by LASA within seven (7) business days of receipt.

Changing Information

Policy: Clients may request that participating agencies update incomplete and/or incorrect data. However, if an agency believes the request will result in inaccurate data, the agency may deny the request.

Procedure: If the agency chooses not to update the client's information, they must supplement their decision with additional information within the client notes section of the HMIS client record within seven (7) business days of request. Agencies **must** give a written explanation of the decision, which will be copied to the client's file within five (5) business days of decision. When an agency denies a client's request for updating their information, agencies must have a written explanation for refusal in client file within five (5) business days of denial.

Denial of Access

Policy: Participating agencies and LASA reserve the right to deny a client's request to release his/her information if the information is being compiled in reasonable anticipation of litigation or comparable proceedings, contains personal information about another individual not related to the client and/or by disclosure would be reasonably likely to endanger the life or physical safety of any individual.

Educating Clients of Privacy Rights

Policy: The client intake worker, user or case worker will work with the clients to understand their privacy rights, benefits of sharing data and what their data is used for once entered into the HMIS.

Procedure: The Executive Director or his/her designee will ensure that a "Privacy Notice" is posted in an area that is clearly visible to the client. The client must be informed of his/her rights under the privacy policy and should receive a copy of the policy, if requested. The client intake worker, user and case worker will be knowledgeable regarding data sharing policies, release of information policies and how to enter client-level data at the appropriate confidentiality level in the HMIS. LASA is not liable for client-level data that has been entered into the HMIS by a user in which the client's right to privacy was violated.

Communication

From LASA

Policy: LASA is responsible for relevant and timely communication with each participating agency, regarding all aspects of the HMIS, reporting and data standards. All users **must** provide contact information to receive HMIS communication.

Procedure: LASA is not responsible for a participating agency's loss of funds due to their negligence in adhering to any updated HMIS regulations regarding reporting and data collection. General system and training communications from LASA will be directed to all persons enrolled in LASA's HMIS End User distribution list. General communications from LASA will be sent through e-mail communication. Specific communications will be addressed to the person or people involved by direct e-mail communication. For emergency situations, communications will be directed though direct e-mail and the ServicePoint News system located on the home screen of the HMIS.

All FAQs, cheat sheets, documentation, policies, procedures, reporting matrix and general help will be located on the LASA website, www.211arizona.org/HMIS. Agency Administrators are responsible for distributing that information to any additional users at their agency who may need to receive it, including, but not limited to, Executive Directors, client intake workers and data entry specialists.

To LASA

Policy: Questions regarding Code of Ethics agreements, Agency Profile forms and Agency Partnership Agreements should be submitted to LASA. All request forms and update forms are to be submitted to LASA as the System Administrator and HMIS Lead Agency. Users are encouraged to submit HMIS questions through the HMIS help desk, HMISsupport@CIR.org

Procedure: To receive the best customer service from the LASA as the System Administrator, agencies are encouraged to utilize the help desk at HMISsupport@CIR.org or call the help desk at (602) 908-3605. The goal of LASA is to respond to all needs within one (1) business day of first contact.

HMIS Help Desk

Policy: LASA maintains HMIS Help Desk support for assistance on requests including report issues, requests for system enhancements, technical support, helpful hints, training tips, documentation to download, password reset requests, etc.

Procedure: The HMIS Help Desk is available from 9:00 a.m. to 5:00 p.m., Monday through Friday, excluding LASA holidays. Help requests will be addressed in the order of receipt. Help requests will be addressed within twenty-four (24) business hours. All HMIS Help Desk requests received after 4:30 p.m. may be addressed the next business day. To receive the most complete response, requests asking for help to identify or resolve issues with reports **should** have the report in question attached to the request. Submission of HMIS report requests from project representatives will not be accepted though the HMIS Help Desk.

Access

LASA

Policy: LASA will have access to retrieve all data in the HMIS. LASA will not access individual client-level data for purposes other than direct client service-related activities, coordinated assessment, referral, reporting and maintenance, checking for data quality and responding to HMIS Help Desk requests.

Procedure: LASA will be responsible for ensuring that no individual client data is retrieved or distributed for purposes other than direct client service, reporting, system maintenance, performing data quality checks and responding to Help Desk requests. LASA will oversee all reporting to HUD and the public.

All special research requests must be approved by LASA in coordination with requesting agency/initiative. Reports necessary for funding agreements (Annual Performance Reports, Consolidated Annual Performance and Evaluation Reports) may be run at the request of the agency or the request of a federal or state partnering agency.

Agency Administrators

Policy: Agency Administrators will have the ability to access client-level data in all of their agency projects.

Procedure: Participating agency's designated Agency Administrator will have the ability to locate, change, add or remove client-level data from their agency's projects. The Agency Administrator will be able to generate reports for all of their agency's projects. The Agency Administrator will have access to the Annual Homeless Assessment Report. The Agency Administrator will have access to the Provider Information Profile section of the HMIS and will have the ability to change information located within their agency's projects.

User Access

Policy: LASA will assign the most restrictive security settings to all other users not assigned as an Agency Administrator by the Executive Director or their designee.

Procedure: HMIS, in consultation with the agency Executive Director or their designee, will assign appropriate user levels when adding or changing user access. Users will not have the ability to delete or change another project's client-level data. Users will not always have the ability to generate reports for any and all agency projects based on types of user roles. HMIS will always assign the most restrictive access which allows efficient job performance in the interest of client security.

Public Access

Policy: LASA, under the direction of the Maricopa County CoC Board, will address all requests for data from entities other than HMIS Participating Agencies. The public is not given access to the Maricopa HMIS system at any time.

Procedure: The HMIS can enter into data sharing agreements with outside organizations with CoC Board approval for:

- Research
- Data Matching
- Evaluation of Services/Planning.

When Maricopa CoC Board consent is received, LASA and the requested party must consent to a Research Data Sharing Agreement. Research Data Sharing Agreements will require that all parties certify that they will adhere to the strict standards of protecting client-level data employed by the HMIS.

Security

HMIS Software Vendor

System Security

Policy: ServicePoint is supported by the most powerful system security measures available. Using 128-bit encryption, user authentication, and user access levels, ServicePoint ensures that data is protected from intrusion.

Procedure: HMIS Software Vendor' employees, who have access to client-level data, are subject to a national background check, training on confidentiality requirements and must sign a confidentiality statement as part of their employee agreement. The system function logs the time and type of activity, as well as the name of the user who viewed, added, edited or deleted the information.

Servers are located in complexes with:

- Twenty- four (24) hour security personnel.
- Twenty- four (24) hour video surveillance.
- Dedicated and secured Data Center.
- Locked down twenty- four (24) hours per day.
- Only accessible by management-controlled key.
- No access is permitted to cleaning staff.
- State-of-the-art HVAC and fire suppression system.

Data Security

Policy: HMIS Software Vendor ensures availability of customer data in the event of a system failure or malicious access by creating and storing redundant records. All data going across the Internet to the user's Web browser uses AES-256 encryption in conjunction with RSA 2048-bit key lengths.

Procedure: The traffic that flows between the server and the user's workstation is encrypted using the SSL certificate installed on LASA's dedicated servers. Database tape backups are performed nightly. Tape backups are maintained in secure offsite storage. Seven (7) days' backup history is stored on instantly accessible Raid 10 storage. One (1) month's backup history is stored offsite. Users have twenty-four/seven (24/7) access to HMIS Software Vendor emergency line to provide assistance related to outages or downtime.

Unauthorized Access

Policy: If an unauthorized entity were to gain access to the HMIS and client data, or if there were suspicion of probable unauthorized access, LASA and HMIS Software Vendor will take immediate action to protect the security of the system. HMIS Software Vendor will adhere to the "Securing Client Data" manual (Attachment D).

Procedure: The system would be examined to determine the presence of system or data corruption. If the system has been compromised, the system would be taken offline. Using the previous night's backup, a restored copy of the system data would be loaded onto another server and the system brought back online with the back-up copy. Comparing the back-up database to the database taken offline, an investigation would be launched to determine the extent of the unauthorized activity/corruption and the corrective action needed. Upon completion of the investigation, findings would be reported to LASA and options would be discussed. Upon LASA's approval, corrective action would be initiated. Corrective action could include all or part of the following:

- The original hard drive would be completely erased and rebuilt, including a new operating system, SSL Certificate, applications and the back-up database.
- If applicable and feasible, lost data from the original database would be restored.

If HMIS Software Vendor or its employees are determined to be at fault for unauthorized access, LASA may terminate the ServicePoint License and Service Agreement and pursue legal remedies.

Licensed Users

A licensed user is a person who has signed and submitted a HMIS Code of Ethics Agreement and it is still in effect for the current year. If LASA is not notified of their termination from the agency within twenty-four (24) hours of termination, neither HMIS Software Vendor or LASA as the System Administrator and HMIS Lead Agency will be liable for actions of a former agency employee with an active license. The Agency shall be liable and LASA may terminate access to the HMIS if it determines that the Agency acted carelessly in managing their licensed users.

User Access

Policy:　　　LASA will provide unique usernames and initial passwords to each licensed user. Usernames and passwords may not be exchanged or shared with other users.

Procedure:　　LASA will provide directly to the user a unique username and initial password upon completion of training requirements as stated in this manual. LASA will have access to the list of usernames. LASA will perform an annual user audit for invoicing and licensing proposes. The sharing of usernames will be considered a breach of the HMIS User Agreement and the Partnership Agreement.   Exchanging usernames seriously compromises security and accountability to clients. If a breach occurs, it may subject the agency to discipline and termination of access to the HMIS. LASA will randomly audit 2% of users a month to monitor that users are following the Maricopa HMIS Code of Ethics.

Passwords

Policy:　　　Users will have access to the HMIS via a username and password. Passwords will be reset every forty-five (45) days. Passwords must consist of at least eight (8) characters and include at least two (2) digits. Users must keep passwords confidential.

Procedure:　　On the forty-fifth (45th) day when the user logs in, the system will require the user to create a new password and enter it twice before accessing the database.

　　　　　　　　The sharing of passwords will be considered a breach of the HMIS User Agreement. If a breach occurs, LASA may subject the agency to discipline and termination of access to the HMIS.

Password Recovery

Policy: Agency Administrators may reset passwords. If the Agency Administrator is unavailable or otherwise unable to reset a password for an end user, LASA will reset a user's password in the event the password is forgotten.

Procedure: Users must request a password reset by submitting a request to the HMIS Help Desk at HMISsupport@cir.org or by calling the HMIS Help Desk at (602) 908-3605.

LASA will verify the user is active in the system prior to resetting a password. The reset information will be sent back to the user via the Help Desk. The user must enter the password given. The system will only accept this password one time. The system will require the user to create a new password and enter it twice before accessing the database.

Location of Data Access

Remote Access

Policy: Users will ensure the confidentiality of client data, following all security policies in the HMIS Policies and Procedures Manual and adhering to the standards of ethical data use, regardless of the location of the connecting computer. The Executive Director or designee has the responsibility to assure the user is in compliance with this and all other policies, procedures, agreements and rules governing the HMIS.

All users that access the HMIS remotely must meet the standards detailed in the Security Plan (Attachment G) and may only access it for activities directly related to their job. Users may not access the system from unsecured networks (for example: coffee shops, restaurants, libraries and other public places).

Examples of allowable Remote Access:

- Personal laptops that were not purchased by the agency.
- Access to the HMIS on a private network other than that of the agency.
- Private home desktops.

Procedure: LASA may audit remote access by HMIS users. If a user is found to have accessed the HMIS through an unsecured network, the user license will be immediately suspended. LASA may impose additional sanctions on the agency including termination of access to the HMIS.

Agency Data

Data Retrieval

Policy: HMIS -participating agencies will have access to retrieve any individual client-level data and aggregate data for their own projects. Participating agencies will not have access to retrieve client-level or aggregate data for other participating agencies or system-wide.

Procedure: Agency Administrators using the ServicePoint available Reports or ART will only be able to extract data from those records to which they have access based on their level of security given by LASA. Whenever a user attempts to access an aggregate report for an unauthorized agency, the report will show "0" or be inaccurate due to the security level of the user. Both ServicePoint available Reports and ART will limit the user access and only report data from records to which the individual user has access.

Extracted Data

Policy: HMIS -participating agencies have access to retrieve any individual client-level data and aggregate data for their own projects and download the information onto a local storage vessel. Users will maintain the security of any client data extracted from the database and stored locally, including data used in custom reporting.

Procedure: Any data printed or downloaded from HMIS is protected data and should be held in secured paper or electronic files. All extracted data falls within the same confidentiality procedures as electronically-stored data. LASA is not responsible for breaches in data once removed from the HMIS. If a participating agency's licensed user or Agency Administrator extracts data, the participating agency for which the licensed user works is responsible for any data breach on data extracted by the user and may result in termination of HMIS access by LASA.

Compliance Security Review

Policy: HMIS -participating agencies are subject to random or scheduled compliance monitoring review by LASA as outlined in the HMIS Data Quality Plan.

Procedure: All agencies will be desk-monitored at least once a year for security risks and compliance with documentation. On-site monitoring will be conducted at least once yearly for agencies under contract with the Maricopa County CoC. Agencies not under contract with the Maricopa CoC will be monitored if they are deemed to be a high or medium security risk based on the annual desk monitoring.

HMIS Data Sharing

Agencies are able to share client information with agencies outside of their network with appropriate client authorization. The HMIS is a vehicle through which agencies can share data outside of their own agency and network. County-wide reporting is based on aggregate, non-identifying data; therefore, aggregate, non-identifying data may be shared with the public without specific permission. These polices would be made clear to clients as part of the Client Acknowledgement and Release of Information form. Data sharing protocols will be further described in the HMIS Privacy Plan (Attachment F).

Opt-In

Policy: All agencies and projects, with exception of HOPWA, domestic violence service providers and those that fall within Federal Regulation 42 CFR Part 2 (those that receive federal funds for substance abuse treatment services as a licensed treatment facility), may share client-level data with other HMIS -participating agencies by executing a written and approved Data Sharing Agreement or MOU. A copy of the Data Sharing Agreement or MOU must be signed by all parties and kept on file at LASA. Verbal agreements will not be accepted. The HMIS currently shares the HUD Universal Data Elements (UDEs) continuum-wide.

Procedure: The participating agency's Executive Director or designee is responsible for ensuring that all licensed users within the agency abide by all the policies and procedures stated within all signed documents including the Data Sharing Agreement or MOU. Each participating agency will retain a copy of the agreement and a master will be filed with LASA. All clients must have a valid Client Acknowledgement Form in their case file prior to users entering client-level data into the HMIS to indicate either approval or denial of sharing their data.

Opt-Out

Policy: Agencies can request to be removed from data sharing. LASA and the Maricopa County CoC Board reserve the right to deny a request to opt-out of data sharing.

Procedure: Any agency Executive Director or designee wishing to opt-out of data-sharing must execute a HMIS Data Sharing Exit Agreement. LASA will make a final decision within seven (7) business days of receipt of agreement. Data share historically cannot be reversed due to software regulations.

If approved:

1. Agency will retain a copy of the agreement and a master will be filed with LASA.
2. LASA will remove the data sharing privileges within three (3) days of approval.
3. Once data sharing is removed, agency users will no longer be able to grant permission based on appropriate client consent to share individual client information.
4. Authorized, licensed users will only be able to view their own agency's client data.
5. The client's ID, name, year of birth, veteran status and Social Security Number, alias, will remain at a global sharing level to limit duplicate clients in the system.

If denied:

1. Agency will retain a copy of the agreement and a master will be filed with LASA.
2. Agencies can appeal the decision to the CoC Board in a written statement within three (3) business days from receipt of decision.

Visibility Settings

Policy: All data sharing policies will be enforced by LASA.

Procedure: Each user's access to data will be defined by their user type, as described in the Access section of this manual. LASA will conduct at least annual file checks for appropriate client authorization and will conduct random monthly audit reports for 2% of all HMIS users.

Client Denial to Share

Policy: If the client chooses not to have their data shared with other agencies and the agency participates in data sharing, the data **must** be locked in the system to restrict visibility to the agency which originally entered the information.

Procedure: The user **must** contact the HMIS Help Desk prior to entering client-level data into the HMIS. LASA as the System Administrator is responsible for locking client-level data with the correct visibility security settings. LASA will monitor for client denial to share in desk-monitoring and on-site monitoring.

Scanned Document Management

Policy: LASA is responsible for organization and management of the HMIS. It is necessary to follow standardized procedures to upload documents to ensure uploaded information is useable system-wide.

Procedure: Documents uploaded to a client must have the naming standards of:

- Client ID#, Document Title, Date Saved
    - ✓ Example: *123456, Homeless Verification, 11/20/2013*

File attachments may only be uploaded to the client profile screen under "File Attachments". Users may never remove documents of another agency and may only remove theirs when uploading an updated version. Unless otherwise noted by client denial, all file attachments will be shared by agencies sharing data.

Data Shared Information

Policy: The sharing standard for each area of HMIS data entry is set forth in the HMIS Release of Information (Attachment C) and Privacy Plan (Attachment F). The intent of the HMIS is to allow as much data sharing as appropriate and necessitated by clients' needs and services provided to meet those needs.

Procedure: The HUD Universal Data Elements (UDEs) are shared Continuum-wide. All other data sharing will be noted in the HMIS Data Share plan.

Data at no time is currently to be shared outside the agency regarding:

- HOPWA Projects
- RHY Projects
- Youth Under 18

Data Quality

The data standards established by HUD and LASA are applied to all projects reporting client-level data in the HMIS. At no time do standards increase or decrease with the source of funding for the project. To have correct, accurate and reliable reporting in a timely manner, all projects **must** adhere to the policies and procedures established. Please refer to the HMIS Data Quality Plan available on the LASA website at www.211arizona.org/HMIS

License Suspension and/or Replacement

Policy: At any time, LASA reserves the right to suspend a user's or agency administrator's license if having difficulty entering client-level data and providing accurate reports after appropriate trainings. LASA can recommend and require the Executive Director or designee to assign a different staff member or volunteer to attend training and become a participating agency user to enter client-level data.

Violation of Data Quality and Integrity

Policy: In its discretion, LASA may report violations with the Maricopa HMIS Data Quality plan and breaches in data integrity to the CoC Lead and may result in termination of HMIS access by LASA.

Procedure: Such action will be conducted in accordance with the HMIS Policies and Procedures Manual.

Licensing and Invoicing

LASA as the HMIS Lead Agency invoices all provider agencies annually in the first quarter of the fiscal year for HMIS user fees. Invoicing occurs after the annual user audit for each participating agency is completed. The annual user license fee is recommended by LASA based on the HMIS Software Vendor software contract and approved by the Maricopa County CoC Board. The funds received for the annual user license assists with paying for the user license fees as part of the HMIS Software Vendor contract and provides match for the HMIS Lead HUD grant.

Annual Invoice

Policy: LASA will send an invoice to each Executive Director or designee of each agency or the appropriate staff at a partnering federal or state agency.

Procedure: Invoices will be mailed. Payments are due within thirty (30) days of receipt of invoice. Non-payment of licenses may result in suspension by LASA. LASA will make all project representatives aware of agencies that have had their user licenses suspended. The User Fee is a flat fee as determined by the software contract and therefore will not be pro-rated when new user licenses are purchased throughout the year

Grievances

From a Participating Agency or Client to the HMIS

Policy: HMIS participating agencies have the right to file a grievance against LASA as the System Administrator and HMIS Lead Agency. Clients have the right to file a grievance against a participating agency regarding the HMIS.

Procedure: LASA will respond within thirty (30) days to complaints from families, owners, employees and members of the public. All complaints must be submitted in writing and will be documented.

- Categories of Complaints

  ✓ Complaints from clients: a client disagrees with an action or inaction of the Maricopa HMIS Lead.
  ✓ Complaints from participating agencies or other HUD-funded programs: a HMIS -participating agency, a HUD-funded program or other federal-funded program disagrees with an action or inaction of the HMIS Lead.

The complaining party will submit the complaint in writing to LASA within seven (7) business days of the date of occurrence. It is LASA's objective to resolve disputes at the lowest level possible and to make every effort to avoid the most severe remedies. However, if this is not possible, LASA will ensure that applicants and participants will receive all of the protections and rights afforded by the law and applicable regulations.

Participation Termination

Initiated by the Participating Agency

Policy: In the event of termination of the HMIS Partnership Agreement, all data entered into the HMIS will remain an active part of the HMIS and the records will retain their original security settings.

Procedure: HUD-funded agencies are required to participate in the HMIS. For those participating agencies that are non-HUD-funded, the person signing the initiating HMIS Partnership Agreement will notify LASA with a date of termination in writing. In all cases of termination of the HMIS Partnership Agreement, LASA will deactivate all users from the agency on the date of termination stated by the agency. All client-level data entered into the HMIS will remain an active part of the HMIS and the records will retain their original security settings.

Initiated by LASA

Policy: LASA will terminate the HMIS Partnership Agreement for non-compliance with the terms of that agreement.

Procedure: HUD-funded agencies are required to participate in the HMIS. For those that are terminated, this will be reported to the Maricopa County CoC Lead. For those participating agencies that are non-HUD-funded, LASA will notify the person signing the initiating HMIS Partnership Agreement with a date of termination in writing. LASA will give thirty (30) days written notice to the agency, regardless of funding source, to the attention of the person who initiated the agreement. LASA requires any HMIS violations to be rectified before the HMIS Partnership Agreement termination is final. LASA may also terminate the HMIS Partnership Agreement without cause upon thirty (30) days written notice to the participating agency.

In all cases of termination of the HMIS Partnership Agreement, System Administrator will make inactive all users from the agency on the date of termination. All client-level data entered into the HMIS will remain an active part of the HMIS, and the records will retain their original security settings.

Projects in HMIS

Adding a New Project in HMIS by Participating Agency

Policy: The Executive Director or designee will notify LASA thirty (30) days prior to implementation of a new project.

Procedure: At least thirty (30) days prior to anticipated implementation date, the Executive Director or designee will meet with LASA to fill out the New Project Form (Attachment J)

Making Changes to Existing Projects in HMIS

Policy: The Executive Director or designee will notify LASA of programmatic changes.

Procedure: The Executive Director or designee will notify LASA of any applicable programmatic changes to existing programs which may have an effect on data collection, data entry, data quality or data reporting at least forty-five (45) business days prior to the implementation date of the change. Recommendations and timelines for the changes will be returned to the participating agency no more than ten (10) business days from receipt date of request. LASA will complete changes at least seven (7) business days prior to the implementation date for final approval from the participating agency.

Additional Customization

Policy: The participating agency will be solely responsible for additional database customization costs. This includes the voluntary transfer of existing grant client-level data and custom build reports beyond that of LASA scope of work.

Procedure: The Agency Administrator or Executive Director or designee will notify LASA of any applicable programmatic customization which may have an effect on data collection, data entry, data quality or data reporting at least forty (40) business days prior to the implementation date of the change. Proposed customization and/or changes must be submitted in writing.

If support from HMIS Software Vendor is necessary to make the changes, LASA will communicate to the HMIS Software Vendor the needs and scope of work for the participating agency. Recommendations and timelines for the changes will be returned to the participating agency no more than ten (10) business days from receipt date of request, including a Statement of Work from the Software Vendor, if applicable. LASA will complete changes at least seven (7) business days prior to the implementation date for final approval from the participating agency. If a participating agency voluntarily transfers an existing grant to another agency, LASA will not pay for client-level data to be transferred. The agency requesting the transfer will be liable for any fees incurred.

Acknowledgement of Receipt of the HMIS Policies and Procedures Manual

By signing this form, you acknowledge receipt of the HMIS Policies and Procedures Manual from Community Information and Referral Services (LASA). Your signature further certifies that you have read, understand and will abide by the policies and procedures, as detailed in this document, as well as accept any measures taken for violation of these practices. Please note, the HMIS Policies and Procedures Manual is subject to change.

_____

Signature of Licensed User

_____   _____

Print Name   Date

_____

Signature of Executive Director

_____   _____

Printed Name of Executive Director   Date

Return signed form to LASA:

Via e-mail:
HMISsupport@cir.org

Via mail:
Community Information and Referral Services
Attn: HMIS
2200 North Central Ave, #211
Phoenix, AZ 85004

ATTACHMENT A – Maricopa HMIS Partnerships Agreement

HMIS Partnership Agreement

This agreement is entered into on the _____th day of _____, 20__ between Community Information and Referral Services, hereafter known as "CIR", and _____ (Agency Name) hereafter known as "Provider Agency" regarding access and use of the Maricopa Homeless Management Information System, hereafter known as the "Maricopa HMIS".

I.   Introduction

Maricopa HMIS, a shared homeless database, allows authorized Provider Agencies throughout the geographic area of Maricopa County to input, use, and receive information concerning their own clients and to share information, subject to agreements, on common clients.

Maricopa HMIS Goals include:

   a) People who are homeless or are in need of homeless prevention assistance will receive improved coordinated care / services.

   b) Participating providers will improve their data collection and workflow with use of HMIS

   c) Participating providers will use the HMIS to meet all current external homeless/homeless prevention reporting requirements from HUD and non-HUD funding sources.

   d) The community will have timely, credible, quality data about services and people who are homeless or in threat of becoming homeless.

   e) 100% of homeless providers will participate in the HMIS. (Excluding Domestic Violence Providers)

   f) HMIS will be user-friendly for providers

   g) Community and provider agency stakeholders will have current accurate information about HMIS implementation and data regarding homelessness in Maricopa County

CIR administers Maricopa HMIS, contracts for an agency to house the HMIS database central server and coordinates Provider Agency access to the HMIS database. CIR shall protect Maricopa HMIS data from accidental or intentional unauthorized modification, disclosure, or destruction. Maricopa HMIS, when

used correctly and faithfully, will improve knowledge about homeless people--their services and service needs, and may result in a more effective and efficient service delivery system.

II. Confidentiality

A. The Provider Agency will uphold relevant federal and state confidentiality regulations and laws that protect client records and will only release confidential client records with written consent by the client[1], or the client's guardian[2], unless otherwise provided for in regulations or laws.

   1. The Provider Agency will abide specifically by federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2, regarding disclosure of alcohol and/or drug abuse records if applicable. In general terms, the federal regulation prohibits the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Provider Agency understands the federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.

   2. The Provider Agency will abide specifically, when applicable, with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and corresponding regulations passed by the Federal Department of Health and Human Services. In general, the regulations provide consumers with new rights to control the release of medical information, including the right: to give advance consent prior to disclosures of health information; to see a copy of health records; to request a correction to health records; to obtain documentation of disclosures of health information; to obtain an explanation of privacy rights and to be informed about how information may be used or disclosed. The current regulation provides protection for paper, oral and electronic information.

   3. The Provider Agency will abide by Arizona State Laws and Federal Laws related to confidentiality and security of medical, mental health and substance abuse information as found in Arizona Revised Statues Title 12, Arizona Revised Statutes Title 36, 42 CFR Part 2 and other relevant statutes, rules and regulations as applicable.

   4. The Provider Agency will provide a verbal explanation of Maricopa HMIS and arrange, when possible, for a qualified interpreter or translator for an individual not literate in English or having difficulty understanding the consent form(s).

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[1] Anyone who receives services from a Provider Agency.
[2] "Guardian" is anyone legally in charge of the affairs of a minor or of a person deemed incompetent, according to and defined in Title 14 of the laws of the State of Arizona. All references to "client" in this Agreement also apply to "client's guardian."

5. The Provider Agency <u>will not</u> solicit or input information from clients into Maricopa HMIS unless specific information proves essential to provide services, to develop reports and provide data, and/or to conduct evaluations and research. Evaluation and research will only use de-identified client data except in the case when the Provider Agency evaluates and researches its own clients. In all cases, the Provider Agency shall maintain compliance with all state and federal laws regarding research, evaluation and confidentiality of individual client identities.

6. The Provider Agency <u>will not</u> divulge any confidential information received from the Maricopa HMIS to any organization or individual without proper written consent by the client (or guardian where appropriate) unless otherwise permitted by relevant regulations or laws.

7. The Provider Agency will ensure that every person issued a User Identification and Password to the Maricopa HMIS will comply with the following:

   a. Read and abide by this Partnership Agreement
   b. Read and sign the HMIS Code of Ethics form[3]
   c. Create a unique User I.D. and password; and will not share or reveal that information to anyone by written or verbal means

8. The Provider Agency understands that individuals granted Agency Administrator access within each agency must become a Designated Maricopa HMIS Agency Administrator through specific training provided by the CIR. The Provider Agency understands that all client information will be encrypted on a file server physically located in a locked office with controlled access, at the offices of HMIS Software Vendor, LLC located at 333 Texas Street, Suite 300, Shreveport, Louisiana 71101.

9. The Provider Agency agrees to submit payments in a timely fashion to CIR for annual HMIS User License fees in effect at the time of execution of the agreement.

   CIR agrees to work with Provider Agency Administrators to reconcile any discrepancies on annually generated User License Invoices.

B. The Provider Agency agrees to document a client's (or guardian's when appropriate) understanding and consent to enter client information into a central database and the reasons for this entry. Furthermore,

1. An individual client (or guardian) must give implied or informed client consent by understanding and signing a consent form for the Provider Agency prior to the Provider Agency sharing any client information to another agency.

2. The completed consent form provides:

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[3] See Code of Ethics form

     a. Informed client consent regarding basic identifying client data to be entered into a shared database

     b. Release of non-confidential service transaction information to be shared for report purposes.

     c. Client release to authorize the sharing of basic client identifying information among designated Maricopa HMIS Provider Agencies.

3. A client might deny authorization to share basic identifying information or other specified information via Maricopa HMIS. The Client Profile section within ServicePoint will be marked restricted. This allows only the entering Provider Agency access to client information and precludes the ability to share information.

4. Each Provider Agency is responsible for ensuring that its staff and users comply with the requirements for informed consent and client confidentiality.

5. The Provider Agency agrees to place all client consent forms related to Maricopa HMIS in a file to be located at the Provider Agency's business address and that such forms are made available to the CIR for periodic audits. The Provider Agency will retain these Maricopa HMIS related consent forms for a period of five years upon expiration, after which time the forms will be discarded in a manner ensuring un-compromised client confidentiality.

6. The Provider Agency understands that in order to update, edit, or print a client's record, the Provider Agency or SubProvider Agency must have on file <u>current</u> client consent form.

    The Provider Agency agrees to enter the minimum data required in the Maricopa HMIS; however, this does NOT mean that a Provider Agency is required to share client identifiable information. A client's information may be restricted to overall access when the client refuses to allow his/her name, social security number or other personally identifiable information to be shared in the database.

7. The Provider Agency agrees to permit the Maricopa HMIS Project to initiate and administer the following data share with all HMIS participating agencies. A listing of participating agencies can be found on the Maricopa HMIS website at   www.211arizona.org/hmis.

    Data will be shared for the purpose of coordinated assessment and service coordination. The data shared will help decrease duplication of work between participating organizations, increase the quality of the data being entered in HMIS, decrease the intake processes for homeless clients, and provide a more client centric data system. The data share will help the Continuum make clearer data based decisions while performing a more efficient delivery of service.

The Provider Agency agrees to share Continuum determined data share elements and Continuum determined coordinated assessment tools. A listing of the items can be viewed on the Maricopa HMIS website at www.211arizona.org/hmis.

8. The Provider Agency can also sign a Memorandum of Understanding (MOU) with other HMIS Providers in order to share additional data. The ability to share client level data will help each Provider Agency from duplicating received services.

   The addition of new data elements into the data share after the MOU is signed will require written approval from each Provider Agency. An email will be sent by the Maricopa HMIS Project to each Provider Agency to detail the changes to the data share and request a return email to acknowledge the changes. This email response will be sufficient documentation of approval.

III. Data Entry and/or Regular Use

A. User Identification and Passwords are not permitted to be shared among users.

B. If a Provider Agency has access to a client's basic identifying information, non-confidential service transactions and confidential information and service records, it will be generally understood that a client gave consent for such access. However, before a Provider Agency can update, edit, or print such information, it must have informed client consent in writing

C. Provider Agency will not enter any fictitious or misleading client data on an individual or family in Maricopa HMIS.

D. The Provider Agency will not misrepresent the number of clients served or the type of services / beds provided in Maricopa HMIS by entering known, inaccurate information (i.e. Provider Agency will not purposefully enter inaccurate information on a new record or to over-ride information entered by another agency).

E. The Provider Agency will enter information into Maricopa HMIS according to agency and HMIS adopted standards and will strive for real-time, or close to real-time, data entry. Real-time or close to real-time is defined by either immediate data entry upon seeing a client, or data entry into Maricopa HMIS within one business day. This assumes that the Provider Agency has sufficient computers available for all staff performing data entry into Maricopa HMIS.

F. The Provider Agency understands that with a current standard Maricopa HMIS client consent form on file, it can update, edit, and print a client's basic identifying information.

G. Discriminatory comments by an employee, volunteer, or other person acting on behalf of the Provider Agency based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in Maricopa HMIS. Offensive language and profanity are

not permitted in Maricopa HMIS. This does not apply to the input of direct quotes by a client IF the Provider Agency believes that it is essential to enter these comments for assessment, service and treatment purposes.

H. The Provider Agency will utilize the Maricopa HMIS for business purposes only.

I. The Provider Agency understands CIR will provide initial training and periodic updates to that training to assigned Provider Agency staff about the use of Maricopa HMIS. This information is to then be communicated to other staff using Maricopa HMIS within the Provider Agency.

J. The Provider Agency understands CIR will provide a help desk with Technical-support according to the following:

Help Desk will be provided between 9:00 a.m. to 5:00 p.m. Arizona Time. Support telephone numbers and email addresses will be provided to Provider Agencies upon signing this Agreement. CIR will ensure that any support calls are responded to according to the Severity Code Response Time, provided that all available numbers and e-mail addresses have been accessed. Contact with the Help Desk will not incur any long distance charges.

In the event of non-response the Provider Agency should notify the System Administrator at CIR.

K. The Provider Agency will keep updated virus protection software on agency computers that access Maricopa HMIS[4].

L. Transmission of material in violation of any United States federal or state law or regulation is prohibited and includes, but is not limited to: copyright material, material legally judged to be threatening or obscene, and material considered protected by trade secret.

M. The Provider Agency will not use Maricopa HMIS with intent to defraud the federal, state or local government or an individual entity, or to conduct any illegal activity.

N. The Provider Agency acknowledges that other agencies will periodically have access to de-identified data on the central database. To ensure the information generated by or through Maricopa HMIS presents an accurate picture of homelessness and services to homeless people in Maricopa region, the Provider Agency will enter data in a timely and accurate manner.

O. Each Provider Agency assumes responsibility for (its) staff and users' compliance in regards to requirements for data entry and use of Maricopa HMIS. To assess the quality of data and reports

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[4] Provider Agency assumes financial responsibility for virus protection software.

generated by the system, CIR[5] will conduct periodic monitoring and reviews on data. These include and are not limited to the following:

1. Quality of data entered by Provider Agency

    a. Inappropriate and/or duplicate records
    b. Untimely and/or inaccurate information
    c. Missing required data elements

2. Operation of the software

3. Reporting functionality

P. Provider Agency's must notify CIR in writing of any changes to User ID including, but not limited to, new personnel, and released or terminated personnel.

IV. Reports

A. The Provider Agency understands that it will retain access to all identifying and statistical data on the clients it serves.

B. The Provider Agency understands that it may have access to personally identifiable client information even if the Provider Agency has not served the client. The Provider Agency agrees to **not report or release** any identifiable client information on clients that the Provider Agency has not served.

C. The Provider Agency will run its own reports from Maricopa HMIS. Each Provider Agency will receive required training and then have the ability to complete each Provider Agency's reporting needs.

V. Proprietary Rights and Database Integrity

A. The Provider Agency and CIR understand Maricopa HMIS and CIR are custodians of data, and not owners of data. The database is jointly owned by the Provider Agency and the Continuum of Care Regional Committee on Homelessness.

1. In the event Maricopa HMIS ceases to exist, CIR will notify Provider Agencies and provide a six-month time period for the Provider Agencies to access and save specific client data, statistical data and frequency data from the entire system. Then, the centralized server database will be purged or stored. If the latter occurs, the data will remain in an encrypted and aggregate state.

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[5] CIR may conduct these reviews or may accept a similar review by another organization as evidence of compliance by the Provider Agency.

2. In the event CIR ceases to operate Maricopa HMIS, another organization will administer and take custodianship of the data. The CIR or its successor Agency will inform, in a timely manner, all Provider Agencies.

3. If the Provider Agency ceases to exist, it shall notify and work with CIR to determine the appropriate disposition of Provider Agency's data, including the transfer of the data to a successor agency.

4. If the Provider Agency chooses to withdraw from Maricopa HMIS, the Provider Agency shall notify CIR of intended withdrawal date. CIR shall allow sixty days for the Provider Agency to access and save agency specific client data, statistical data and frequency data from the entire system. The Provider Agency is financially responsible for extracting its data.

B. The Provider Agency <u>will not</u> give or share assigned user identification and passwords to access Maricopa HMIS with any other organization, governmental entity, business, or individual.

C. The Provider Agency <u>will not</u> cause in any manner, or way, corruption of Maricopa HMIS. Any unauthorized access or unauthorized modification to computer system information or interference with normal system operations, whether on the equipment housed by CIR or any computer system or network related to Maricopa HMIS will result in immediate suspension of services and CIR will pursue all appropriate legal action.

D. The CIR[6] will ensure and conduct periodic monitoring and reviews with Provider Agencies to enforce informed and implied consent standards, HUD Standards, and Continuum of Care Regional Committee on Homelessness Standards including:

1. Appropriate documentation indicating client awareness and consent of data being entered into central database

2. Consent to release certain information.

3. Appropriate entry of universal and programmatic data elements as defined by HUD

4. Adherence to HMIS Policies and Procedures including Security Standards.

VI. Hold Harmless

A. CIR makes no warranties, expressed or implied. The Provider Agency, at all times, will indemnify and hold CIR harmless from any damages, liabilities, claims, and expenses that may be claimed against CIR or the Provider Agency, or for injuries or damages to CIR or the Provider Agency arising from Provider Agency's participation in Maricopa HMIS, or arising from any acts, omissions, neglect or fault of the Provider Agency or its agents, employees, licensees, or

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[6] The CIR may conduct these reviews or may accept a similar review by another organization, designated by CIR, as evidence of Provider Agency compliance.

clients, or arising from the Provider Agency's failure to comply with laws, statutes, ordinances or regulations applicable to it or the conduct of its business. CIR shall not be liable to the Provider Agencies for damages, losses, or injuries to the Provider Agencies or another party unless such is the result of negligence or willful misconduct of CIR or its agents, employees, licensees or clients.

B. The Provider Agency makes no warranties, expressed or implied. CIR, at all times, will indemnify and hold the Provider Agency harmless from any damages, liabilities, claims, and expenses that may be claimed against CIR or Provider Agency, or for injuries or damages to CIR, the Provider Agency, or another party arising from participation in Maricopa HMIS, or arising from any acts, omissions, neglect, or fault of CIR or its agents, employees, licensees, or clients, or arising from CIR's failure to comply with laws, statutes, ordinances or regulations applicable to it or the conduct of its business. Thus CIR will also hold the Provider Agency harmless for negative repercussions resulting in the loss of data due to delays, non-deliveries, mis-deliveries, or service interruption caused by CIR or a Provider Agency's negligence or errors or omissions, as well as natural disasters, technological difficulties, and/or acts of God. The Provider Agency shall not be liable to CIR for damages, losses, or injuries to CIR or another party unless such is the result of negligence or willful misconduct of the Provider Agency or its agents, employees, licensees or clients.

C. The Provider Agency agrees to keep in force a comprehensive general liability insurance policy with combined single limit coverage of not less than one million dollars ($1,000,000). Said insurance policy shall include coverage for theft or damage of the Provider Agency's Maricopa HMIS-related hardware and software.

VII. CIR Responsibilities

A. CIR agrees to enter into a contract and maintain the services of the ServicePoint software according to the terms and conditions of the contract with the Software Provider.

B. CIR agrees to maintain a Project Manager who will provide training, implementation, help desk and support to the Provider Agency and SubProvider Agencies.

VIII. Dispute Resolution and Appeals

A. If the Provider Agency disagrees with any element of this Agreement it shall make every effort to address and resolve those issues with the Chief Executive Officer of the CIR.

B. If CIR and the Provider Agency are unable to reach a solution, either party may raise the issue to the HMIS Advisory Board for a solution.

C. The HMIS Advisory Board will make every effort to resolve the issue; however, if the issue cannot be adequately resolved at this level, the HMIS Advisory Board shall recommend a process to reach resolution.

IX. Terms and Conditions

    A. The parties hereto agree that this Agreement is the complete and exclusive statement of the agreement between parties and supersedes all prior proposals and understandings, oral and written, relating to the subject matter of this Agreement.

    B. Neither party shall transfer or assign any rights or obligations without the written consent of the other party.

    C. The exception to this term is if allegations, or actual incidences, arise regarding possible, or actual, breeches of this agreement. Should such situation arise, the CIR may immediately suspend access to the Maricopa HMIS until the allegations are resolved in order to protect the integrity of the system.

        1. When the CIR becomes aware of a possible or actual incident, it shall make a reasonable effort to address its concerns with the Executive Director of the Provider Agency prior to taking action.

        2. If CIR believes that the breech by a Provider Agency is such that it may damage the integrity of the central database and the information in the central database for the Provider Agency or any other Agency, it may take immediate steps to suspend the Provider Agency's access to HMIS prior to addressing the concerns with the Director of the Provider Agency. CIR will then address the concern with the Director of the Provider Agency to resolve the issue.

        3. Action with a Provider Agency may include the provision of training and technical assistance, fines, suspension of access to the central database or other appropriate measures to ensure that the data integrity is maintained.

    D. If a Provider Agency believes that action taken is not appropriate, or it cannot meet the conditions of the decision, it may appeal the action to the HMIS Advisory Board. If the Advisory Board and the Provider Agency cannot reach agreement, a representative of the Advisory Board, CIR and Provider Agency shall address the issue before the Continuum of Care Regional Committee on Homelessness. Decisions by the Continuum of Care Regional Committee on Homelessness are final; however, every attempt will be made by all parties to reach a reasonable accommodation for the Provider Agency.

    E. This agreement may be modified or amended by written agreement executed by both parties with 30 days' advance written notice.

    F. Use of Maricopa HMIS constitutes acceptance of these Terms and Conditions.

IN WITNESS WHEREOF, the parties have executed this Agreement on the year and day first above written.

COMMUNITY INFORMATION AND

REFERRAL SERVICES

_____

(Signature)

_____

Title

_____

Date

PROVIDER AGENCY

_____

(Signature)

_____

Title

_____

Date

ATTACHMENT B – Code of Ethics

Code of Ethics for Persons Using the CI&R/HMIS

As a User (agency staff or agency volunteer) of the HMIS who enters information into the HMIS or views electronic information in the HMIS, I agree to the following:

_____ I understand that my User ID and Password give me access to the Maricopa HMIS.

_____ My User ID and Password are for my use only and I will not share, or allow them to be shared, with any person for any reason.

_____ I will take all reasonable means to keep my User ID and Password physically secure to prevent its use by any other person.

_____ I understand that the only individuals who can view information in the Maricopa HMIS are authorized users and the clients to whom the information pertains.

_____ I understand that not all users can view all information.

_____ I will only view, obtain, disclose, or use the database information that is necessary to perform my job.

_____ If I am logged into the Maricopa HMIS and must leave my work area for any length of time, I must log-off the Maricopa HMIS and close the Internet browser before leaving the work area.

_____ A computer that has Maricopa HMIS open and running shall never be left unattended by the person with the authorization to use that computer.

_____ Failure to log off the Maricopa HMIS appropriately may result in a breach in client confidentiality and system security.

_____ I will obtain and file a hard copy of such client consent forms as are required by my agency, state and/or federal law and the Maricopa HMIS.

_____ I understand that I must save data at regular intervals because the system will log off at 15-minute intervals without automatically saving the information that I have entered.

_____ I agree to enter data into the Maricopa HMIS in accordance to the policies of my agency and the standards of the Maricopa HMIS.

_____ I agree that I will not enter in the HMIS discriminatory comments made by or about an employee, volunteer, or other person based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual. I understand that offensive language and profanity are not permitted in the Maricopa HMIS. This does not apply to the input of direct quotes by a client IF the Agency believes that it is essential to enter these comments for assessment, service and treatment purposes.

_____ I agree to use the HMIS ONLY for business purposes related to serving the clients of my agency.

_____ If I notice or suspect a security breach, I shall immediately notify the designated HMIS Contact person in

my agency or the CI&R System Administrator.

_____ As a Maricopa HMIS user, I will treat other Member Agencies and their staff with respect, fairness and good faith.

_____ As a Maricopa HMIS user, I will treat clients and potential clients of my agency and other agencies with respect, fairness and good faith in obtaining and entering their data.

_____ As a Maricopa HMIS user, I will maintain high standards of professional conduct.

_____ As a Maricopa HMIS user, I recognize that my primary responsibility is to my client.

_____ I understand that I may be subject to personnel action, including but not limited to termination from employment or volunteer status, from my employer for failure to comply with this Code of Ethics.
I have read, understand and agree to comply with all of the statements above.

_____
Agency User Name and Job Title Date

_____
Agency / System Administrator Name Date

ATTACHMENT C – Release of Information

Maricopa Regional Continuum of Care Client Data Sharing Release of Information

The Maricopa Regional Continuum of Care authorizes providers to utilize data systems, which currently include the Homeless Management Information System (HMIS) and coordinated entry data systems such as Homelink, working together to provide services for those experiencing homelessness. The benefit of sharing your client information is that it will allow us to assist in planning for and providing services to you, the client. This information will be shared among agencies to provide coordination and delivery of your services. Know that   all information entered into these databases is protected by passwords, encrypted technology, or other means. Steps are taken to safeguard the information that is entered into the system but no system is infallible.

Provider agencies work together and share detailed information about their clients through databases that track your services. Any provider agency using these systems requires all database users to sign an agreement to keep your information confidential and use it only for program purposes. You are not required to give permission that your information be shared in order to receive services. There are many benefits to sharing your personal information with other providers. We may be able to provide you with more housing options and placement in housing may be quicker if we can coordinate with other agencies. In addition, it will save you from having to repeat information to multiple service providers when accessing services. In addition to benefits of sharing information there are risks. The risks include that some sensitive information about the diagnosis or treatment of a mental health disorder, drug, or alcohol disorder, HIV, AIDS, or domestic violence concerns may be shared to connect you with appropriate services.

The following data elements will be shared:

- Personal identifying information such as: name, Social Security Number, and date of birth

- Demographic information such as: race, ethnicity, and gender

- Information about you that may help in locating housing resources such as veteran status or whether you or a member of your family has a disabling condition.

- Information about your history of housing and homelessness such as where you have been living and where we can reach you.

- Information about services you have received through other homeless providers.

Additional client information will be shared only with certain agencies to assist in coordinating services. Attached is a list of data elements that will be shared as well as which agencies will be sharing information.

- **Other agencies may join this collaboration in the future and an updated list can be found at www.211arizona.org/HMIS.**

By signing this form, I acknowledge and agree to the following:

- I have received a copy of The Privacy Notice, which describes the ways in which the primary identifying information, and other client data information may be used or disclosed.

- I have the right to ask questions about this form and anything that I do not understand around data sharing.

- **I have the right to opt-out of having information shared with other participating agencies and still receive services from that agency. I am still eligible services if I do not consent to data sharing.**

- I have the right to revoke this consent at any time by completing the Client Revocation Form. I understand that the data provided by me will still be available to any agency where I have received services in the past.

As applicable, I agree to share my information and the information of my family members.

Minor Children (if any):

Child's name: _____ DOB _____ Last 4 digits of SS _____

Child's name: _____ DOB _____ Last 4 digits of SS _____

Child's name: _____ DOB _____ Last 4 digits of SS _____

Child's name: _____ DOB _____ Last 4 digits of SS _____

☐ **Please indicate by initialing here if you DO NOT AGREE to share your information.**

_____   _____
Client Signature   Date   Other party (guardian) Date

_____   _____
Print Name   Relationship to client

_____
Staff Signature   Date

_____   _____
Print Name of Organization   Print Name of Organization Staff

ATTACHMENT D

BOWMAN SYSTEMS

SECURING CLIENT DATA

Bowman Systems
333 Texas Street, Suite 300
Shreveport, LA 71101
Toll Free: (888) 580-3831
Direct: (318) 213-8780
Fax: (318) 213-8784
www.bowmansystems.com

BOWMANsystems®

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◇BOWMANsystems ®

SECURING CLIENT DATA

Bowman Systems is committed to maintaining optimum client data security by meeting and exceeding industry standard practices. As a leader in software and Information Technology (IT) services for the health and human services industry, Bowman Systems considers data security as the cornerstone of all of its development efforts. In 1999, Bowman Systems pioneered its secured data-sharing model, enabling multi-agency collaboratives to collaborate while safeguarding client data (*ServicePoint* 1.0). In 2000, Bowman Systems was the first web-based client data system to offer integrated database-level encryption. Again, in 2001, Bowman Systems pioneered its integrated Audit Trail system before the HIPAA requirement.

Bowman Systems has always held conviction that our products be fully web based and that we own and operate our own data center. We seek to provide best of class data center services to ensure data security and regulatory compliance, and continuously expand and invest in our data center to include physical security, network security, redundant power, redundant HVAC, fire suppression systems and full time staff to manage all of the afore mentioned.

This document outlines the measures taken by Bowman Systems to secure all client data on each of our customer's *ServicePoint* sites. The steps and precautions taken to ensure that data is stored and transmitted securely are divided into six main sections – Access Security, Site Security, Network Security, Disaster Recovery, HIPAA Compliance, and Unauthorized Access.

ACCESS SECURITY

Access Security begins at Bowman Systems with a focus on the following areas:

- ❧ Bowman Systems Employees
- ❧ Bowman Systems Access to *ServicePoint*
- ❧ Audit Trails
- ❧ Customer Access to *ServicePoint*.

Bowman Systems Employees

Bowman Systems' designated Security Officer assures employees are held to the highest standards when it comes to both company and customer data security. Employees who have access to client data are subject to a national background check, training on confidentiality requirements (company, HIPAA, HUD), and must sign a confidentiality statement as part of their employee agreement.

Bowman Systems Access to ServicePoint

- ❧ Only a limited number of Bowman Systems' staff has access to a customer's *ServicePoint* site and client data. Access occurs only when you request an installation, import of data, implementation upgrade, or require assistance by support staff to troubleshoot a problem.

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❧ The contract between the customer and Bowman Systems legally compels Bowman Systems to hold all client data stored in the customer's database in strict confidence. Bowman Systems will take all reasonable precautions to prevent the disclosure to outside parties of such information, except as may be necessary by reason of legal, accounting or regulatory requirements.

❧ Access to the customer's system data by Bowman Systems support staff can be monitored by running an *Audit Report* (see Automated Audit Trail below).

Audit Trail

❧ *ServicePoint* automatically tracks caller, client, and resource related activity by the use of an audit trail. This system function logs the time and type of activity, as well as the name of the user who viewed, added, edited, or deleted the information.

❧ All changes to Resource records are automatically tracked by the User (updates, as well as, date and time the updates were made). In addition, there is a Date of Official Update that is set when the Resource record has been formally reviewed. This section includes not only date and time of the Official update but also which User performed the action, which organization requested the Official Update, and a notes field for describing the reason for the update (such as Annual Review, Agency Request, etc).

❧ • To retrieve information created by the audit trail, an *Audit* report can be generated in the Reporting section of *ServicePoint*. Access to client audit information is limited to System Administrator and Agency Administrator access levels.

Customer Access to ServicePoint

❧ To ensure authorized access, each user is issued a user name and password for entrance into the *ServicePoint* application.

  ◆ Each *ServicePoint* user is required to have a unique User ID to log into the application.

  ◆ Passwords must be 8 to 16 characters in length and must contain at least two numbers.

  ◆ The system allows only one login per password at a time. A user cannot log into the system on two terminals at the same time using a single password.

  ◆ Passwords automatically expire every 45 days requiring the user to create a new password.

  ◆ A prompt appears when you need to choose a new password.

  ◆ The same password cannot be used consecutively.

  ◆ To enforce password security, *ServicePoint* will not allow a browser to save a password. In addition, if FOUR consecutive logon attempts with the incorrect password are made the user account will need to be reset by your System Administrator. This security feature prevents access to the site by a password generator.

  ◆ Passwords are stored as hashed values in the *ServicePoint* database

❧ *ServicePoint* has an automatic logout function for users who have been idle for a pre-determined period. (The default setting is 30 minutes.) This function decreases potential viewing and/or manipulation of client data by unauthorized individuals. Although the default setting is 30

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minutes, each installation can request Bowman Systems to set the system timeout for a length that meets their particular policies and procedures.

❖ To limit who can view and/or modify the customer's client data, individuals are assigned one of sixteen (16) User Access Levels. Each user level has certain security restrictions applied to it. Each user level has access to certain *ServicePoint* features and the ability to view certain pieces of client information. The System Administrators II can see all data, even when it is closed.

  ♦ Each level grants different access rights to the various sections (ClientPoint, ResourcePoint, SkanPoint, ShelterPoint, Admin etc.) of the application.

SITE SECURITY

Site security is a high priority since it not only helps protect the customer's stored client data, but also protects the equipment used to host the customer's data. To ensure the protection and service reliability for the customer's system, Bowman Systems has instituted the following security levels:

Building Security

Bowman Systems' offices are located in a large commercial complex with the following perimeter security systems:

❖ 24-hour security personnel

❖ 24-hour video surveillance

❖ Building fire suppression system

❖ After-hours Key Card entry to building

❖ After-hours Key Card elevator access

❖ Locked stairwells during non-business hours.

Bowman Systems Headquarters Security

The Bowman Systems offices and data centers include the following additional levels of security.

❖ After-hours key entry to offices

❖ Dedicated and secured Data Center

  ♦ Locked down 24-hours per day

  ♦ Two separate, fully redundant HVAC systems for server areas

  ♦ Only accessible by management controlled key

  ♦ Protected by a state of the art, non-liquid automatic fire suppression system

  ♦ No access is permitted to the office cleaning staff

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♦ Accessed by key personnel only (e.g. Information Technology and Management staff). Access is required for nightly data backups, new installations, upgrades and maintenance.

SECURING CLIENT DATA
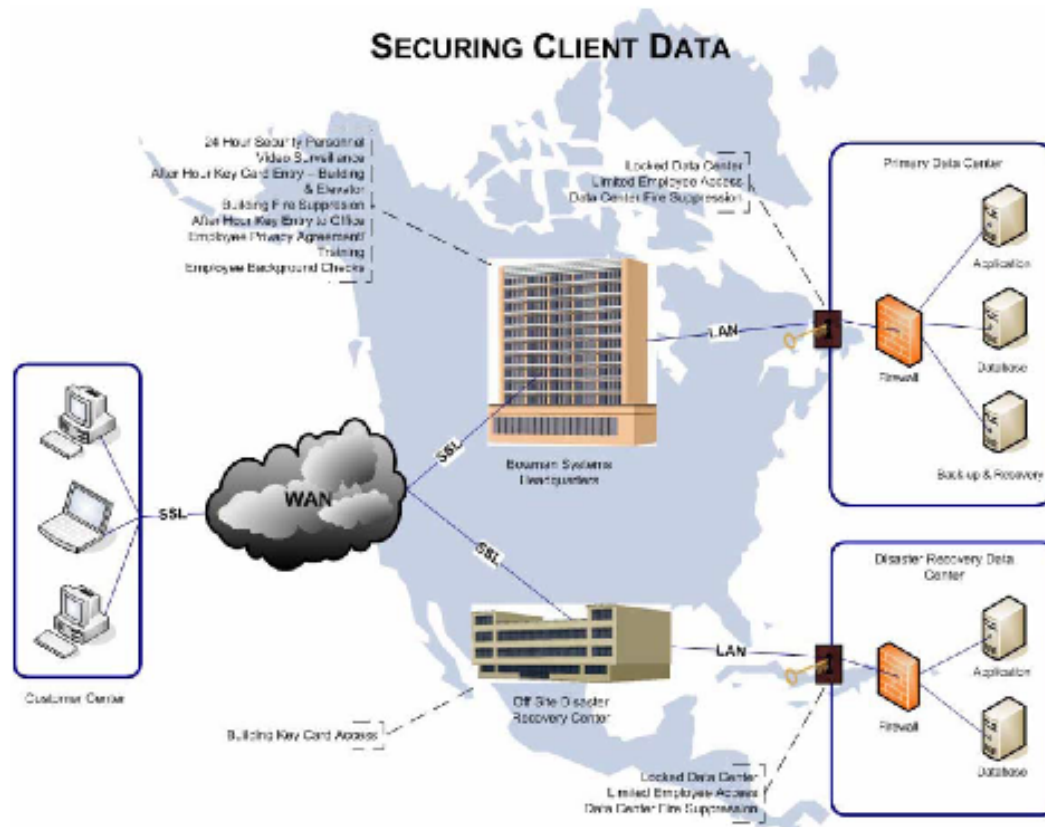
NETWORK SECURITY

Database security includes protection of client data residing on the database server and as it is transmitted over the internet through the application server. The security measures in place ensure that client data is only available and accessed by authorized users.

There is a nightly backup of the *ServicePoint* system that is comprised of a backup of the database and a backup of the application code. Our standard protocol includes nightly tape backup of the client's database that is carried three miles off-site and stored in a fireproof facility. Bowman Systems maintains redundant power for all on-site servers via building power and building generator and redundant bandwidth provided via two separate upstream providers. Our data center contains a state-of-the-art, non-destructive fire-suppression system. Bowman Systems also utilizes RAID 5 (Redundant Array of Independent Disks) to mirror the hard drives, provide faster data throughput and ensure reliable data.

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- Multiple broadband connections, fully load balanced for reliability and speed.
- Reliable Enterprise class Cisco switches and routing equipment.
- A natural gas powered generator capable of powering the facility indefinitely and UPS backups to supply uninterrupted power. This system is tested monthly (in such a way that power is not interrupted) to ensure reliability.
- Two separate, fully redundant HVAC systems for server areas.
- A non-liquid automatic fire control system.
- A physically secure building with keycard access, video surveillance and 24 x 7 security guard controlled access.

Data Security

To ensure availability of customer data in the event of system failure or malicious access, redundant records are created and stored in the following manner:

- Nightly database backups.
- Offsite storage of backups
- 7 day backup history stored locally on instantly accessible RAID storage
- 24 hours backed up locally on instantly-accessible disk storage
- 1 month backup history stored off site
- 24 x 7 access to Bowman Systems emergency line to provide assistance related to "outages" or "downtime".

Firewalls

To enhance security further, firewalls are in place on all servers hosted by Bowman Systems. As detailed below, there are multiple levels of firewall security:

- The *ServicePoint* application and database servers are separate from the Bowman Systems internal network.
- Bowman Systems utilizes an industry standard Intrusion Detection System to pinpoint unauthorized attempts at accessing its network and to shield the customer's data in the event of such an attempt.
- Only regular and secured HTTP traffic are permitted through to the Bowman Systems application servers.
- As a security policy, specifics on the type of equipment, protocols, and procedures in use are never revealed.
- Database servers are only accessible via an internal network connection from our application servers.

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Encryption

SSL Encryption

SSL encryption ONLY encrypts the data going across the internet to the end-user's web browser. Bowman Systems uses AES-256 encryption (Advanced Encryption Standard, 256-bit) in conjunction with RSA 2048-bit key lengths. A description can be found at http://en.wikipedia.org/wiki/Key_size.

When an end-user accesses their site, an SSL (encrypted) negotiation is performed between the server at Bowman Systems datacenter and the end user's web browser. The traffic that then flows between the server and the end user's workstation is encrypted using the SSL certificate installed on that server. This prevents anyone that is sitting in between our server here and the end user's workstation from being able to intercept potentially sensitive data. The AES-256 is the method in which the data is encrypted. There are various forms of SSL encryption. The key length make it more difficult to decrypt the encrypted data.

PUBLIC KEY INFRASTRUCTURE (PKI) (OPTIONAL)

As an option, Private Key Infrastructure (PKI) is available for those needing additional security frameworks. PKI is an additional layer of security on TOP of our standard SSL certificates. It is still SSL encrypted, however, this method of encryption requires a matching server certificate / client certificate pair in order to unencrypt the data that is sent from the end user's *Servicepoint* site to their Web Browser. Without the appropriate PKI client certificate installed on the end-user's workstation, their web browser will not be able to unencrypt the data and therefore will not be able to access the site. The PKI Client Certificate cannot be installed on a workstation without the appropriate password that accompanies the certificate. This allows the customer to regulate exactly who can and who cannot access their *Servicepoint* site.

Database Encryption (Optional)

The data in *ServicePoint* encrypted databases are encrypted with AES-128.

DISASTER RECOVERY

Due to the nature of technology, unforeseen service outages may occur. In order to assure service reliability for hosted *ServicePoint* applications, Bowman Systems offers the following disaster recovery options.

Basic Disaster Recovery Plan

The basic Disaster Recovery Plan is included in the standard *ServicePoint* contract and includes the following:

- ❖ Nightly database backups.
- ❖ Offsite storage of backups
- ❖ 7 day backup history stored locally on instantly accessible RAID storage

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- ❧ 1 month backup history stored off site
- ❧ 24 x 7 access to Bowman Systems emergency line to provide assistance related to "outages" or "downtime".
- ❧ 24 hours backed up locally on instantly-accessible disk storage

Standard Recovery: All customer site databases are stored online, and are readily accessible for approximately 24 hours; backups are kept for approximately one (1) month. Upon recognition of a system failure, a site can be copied to a standby server, and a database can be restored, and site recreated within three (3) to four (4) hours if online backups are accessible. As a rule, a site restoration can be made within six (6) to eight (8) hours. On-site backups are made once daily and a restore of this backup may incur some data loss between when the backup was made and when the system failure occurred.

All internal servers are configured in hot-swappable hard drive RAID configurations. All systems are configured with hot-swappable redundant power supply units. Our Internet connectivity is comprised of a primary and secondary connection with separate internet service providers to ensure redundancy in the event of an ISP connectivity outage. The primary Core routers are configured with redundant power supplies, and are configured in tandem so that if one core router fails the secondary router will continue operation with little to no interruption in service. All servers, network devices, and related hardware are powered via APC Battery Backup units that in turn are all connected to electrical circuits that are connected to a building generator.

All client data is backed-up online and stored on a central file server repository for 24 hours. Each night a encrypted backup is made of these client databases and secured in an offsite datacenter.

Historical data can be restored from backups as long as the data requested is 30 days or newer. As a rule, the data can be restored to a standby server within 6-8 hours without affecting the current live site. Data can then be selectively queried and/or restored to the live site.

For power outage, our systems are backed up via APC battery back-up units, which are also in turn connected via generator-backed up electrical circuits. For a system crash, Non-Premium Disaster Recovery Customers can expect six (6) to eight (8) hours before a system restore with potential for some small data loss (data that was entered between the last backup and when the failure occurred) if a restore is necessary. If the failure is not hard drive related these times will possibly be much less since the drives themselves can be repopulated into a standby server.

All major outages are immediately brought to the attention of executive management. Bowman Systems support staff helps manage communication or messaging to customers as progress is made to address the service outage. Bowman Systems takes major outages seriously, understands, and appreciates that the customer becomes a tool and utility for daily activity and client service workflow.

Premium Disaster Recovery Plan (Optional)

The *optional* Premium Disaster Recovery plan includes all of the Basic Plan features plus several additional levels of support to enhance disaster recovery capability. Additional features included are as follows:

- ❧ Off site on a different Internet provider and on a separate electrical grid backups of the application server via a secured Virtual Private Network (VPN) connection

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- ❖ Near-Instantaneous backups of application site (no files older than 15 minutes)
- ❖ Minute-level off site replication of database in case of a primary data center failure
- ◆ Priority level response (ensures downtime will not exceed 4 hours)

HIPAA COMPLIANCE

HIPAA compliance is a requirement for many agencies that use *ServicePoint*, particularly as the compliance relates to the HIPAA standards for security. The following five (5) methods ensure that *ServicePoint* is fully compliant with HIPAA data center standards:

- ❖ Network Security includes firewalls, certification servers, VPN access, and Operating System authentication.
- ❖ Encryption (optional – pricing is available upon request) is a database level security which encrypts confidential information located in the database tables.
- ❖ Audit Trails log and report on users who have viewed, updated, or deleted client records.
- ❖ Client Record Privacy Options allow or restrict access to all or part of a client file, including individual fields (data level).
- ❖ Automatic timeout logs a user out of the system after a specified period, thereby decreasing the potential viewing or manipulation of client data by unauthorized individuals.

UNAUTHORIZED ACCESS

If an unauthorized entity were to gain access to a customer's system and client data or if there were suspicion of probable access, Bowman Systems would take the following steps:

- ❖ The system would be examined to determine the presence of system or data corruption.
- ❖ If the system has been compromised, the system would be taken offline.
- ❖ Using the previous night's backup, a restored copy of the system data would be loaded onto another server, and the system brought back on line with the back-up data.
- ❖ Comparing the back-up database to the database taken offline, an investigation would be launched to determine the extent of the unauthorized activity/corruption, and the corrective action needed.
- ❖ Upon completion of the investigation, findings would be reported to the customer and options would be discussed.
- ❖ Upon customer approval, corrective action would be initiated. Corrective action could include all or part of the following:
  - ◆ The original hard drive would be completely erased and rebuilt, including a new operating system, SSL Certificate, application(s), and the back-up database.
  - ◆ If applicable and feasible, lost data from the original database would be restored.

ATTACHMENT E – Maricopa HMIS Data Quality Plan

MARICOPA HMIS PROJECT

DATA QUALITY AND MONTORING PLAN

Maricopa HMIS Project Document
Approved by the Maricopa Continuum of Care Regional Committee on Homelessness on March 18, 2013

The Maricopa Homeless Management Information System (HMIS) is a program funded by the U.S. Department of Housing and Urban Development (HUD) and managed by Community Information and Referral Services (CIR). The Maricopa HMIS Project is designated to CIR by the Maricopa Regional Continuum of Care Regional Committee on Homelessness (CoC).

Definition of Data Quality

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the same information in the real world. However, to meet the HMIS goal of presenting accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be our goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services.

Enhancing HMIS Data Quality July 2005

U.S. Department of Housing and Urban Development

Office of Community Planning and Development

Importance of Data Quality for HMIS Goals

"There has never been an overall review or comprehensive analysis on the extent of homelessness or how to address it. The Committee believes that it is essential to develop an unduplicated count of homeless people and an analysis of their patterns of use of assistance …including how they enter and exit the homeless assistance system and the effectiveness of assistance." *2001 Congressional Directive*

These goals are not only important on the federal level but also critical for understanding homelessness and program planning at the local level.

Pattern of Homeless Service Utilization

People who are homeless often use more than one of the programs that are available to help them access housing, resolve their crisis, support them, and link them with other services. Accurate program entry and exit dates and information on residence prior to program entry are critical in determining service use patterns that assess average length of stay and movement among different homeless programs. The collection of accurate identifying information at each program is also necessary in order to identify the extent to which clients appear in multiple programs, how clients move through the system, and to detect cycles of homelessness.

Effectiveness of the Homeless Service System

Assessing the effectiveness of the current homeless service system is critical to finding successful solutions to ending homelessness. For that reason, information at program exit, such as destination and income, are

important to learn if and how the system has helped to resolve clients' housing crisis and to improve their overall stability. Data on returning clients also contribute to this goal. Comparing program entry data with program exit data at the aggregate level will also provide a picture of homeless program impacts on the clients they serve.

I.   Data Quality Plan

   A. Data Quality Benchmarks

   As stated in the 2009 HMIS Data Quality Standards issued by HUD, all contributory Homeless Assistance programs need to follow HUD determined data quality benchmarks. These benchmarks are determined by HUD and are required for all Continuums throughout the nation. The goal of the benchmarks is to attain consistent data from all Continuums. The benchmarks in the following areas have been determined.

   1. Timeliness of Data

   To be most useful for reporting, an HMIS database should include the most current information on the clients served by participating homeless programs. To ensure the most up to date data, information should be entered as soon as it is collected. All Client data will be entered by the fifth day after occurrence.

   a. Client information is entered within 5 days following the occurrence in which the client was served

   b. Client information is updated regularly at exit or annual assessment – per requirements relative to each universal and program specific data elements.

   2. Data Accuracy

   Information entered into the HMIS database needs to be valid and accurately represent information on the people that enter any of the programs contributing data to the HMIS database. Inaccurate data may be intentional or unintentional. In general, false or inaccurate information is worse than incomplete information, since with the latter, it is at least possible to acknowledge the gap. Thus, it should be emphasized to clients and staff that it is better to enter nothing (or preferably "don't know" or "refused") than to enter inaccurate information.

   a. 95% of data entered into the HMIS database must reflect what clients are reporting

   b. Staff entering information into the HMIS database must enter information as stated by the client. Every program must enter data on clients in the same way over time, regardless of which staff person is recording the data in HMIS.

3. Data Completeness

For accurate reporting purposes by the Maricopa HMIS Project, data needs to be as complete as possible, and should contain all required information on all clients served in a program during a specified time period. The goal of achieving HUD defined required HMIS coverage and participation by all local programs is essential for ensuring that the records are representative of all the clients served by these programs.

   a. 100% of all HUD funded homeless assistance programs in Maricopa County must participate in the Maricopa HMIS Project

   b. 100% of all clients entered will have complete HUD Universal Data Elements

   c. 98% of clients will have complete program data elements entered

   d. 98% will have services entered, if services are required

   e. 98% of clients that exit will have data entered with exit destinations

   f. 10% is the maximum allowance for null or missing data

   g. 5% is the maximum allowance for "don't know" and "refused" responses of all answered questions

   h. 75% of all beds in non-HUD funded residential homeless assistance programs located in Maricopa County must participate in the Maricopa HMIS Project

4. Training

Standardized training is provided by the Maricopa HMIS Project and is vital to attaining quality data entry. Software training is performed using a standardized curriculum, presented in a consistent manner by the Maricopa HMIS Project team.

   a. User training will cover how to collect data, how to pass data from front-line staff to data entry staff, how to log questions about the data and how to resolve those questions, how to give feedback, and expectations for participating in user meetings. Some of these issues may be program specific, so they may need to be addressed by custom or specialized training rather than as part of the system-wide software training.

   b. All users must attend a minimum of one training session annually.

B. Consistency Among Agencies

The Maricopa HMIS Project staff should ensure consistent data collection and quality across all of its participating programs. This can be achieved through some or all of the following mechanisms.

1. Continue HMIS Data Quality Group

   The Data Quality Group is charged with making sure data quality remains prominent in CoC decision-making. Any recommendations will be reported by this group to the HMIS User Group.

2. Continue HMIS User Group meetings

   The HMIS User Group meetings keep HMIS users abreast of HMIS efforts across the CoC. This helps maintain momentum, identify user concerns and software needs, share solutions to common problems and best practices, and provides opportunities to review and refine data quality processes.

3. Continue HMIS Advisory Board meetings:

   The HMIS Advisory Board advises and supports the Maricopa HMIS Project and CoC's operations. The HMIS Advisory Board makes final approval of all recommendations to be brought to the CoC.

4. Conduct routine analyses/comparisons between programs:

   Comparisons among CoC programs can serve as a healthy competition to meet the standards set by the CoC and can also serve to identify best practices in data quality and general usage.

5. Define parameters for data definitions:

   The HMIS User Group is uniquely positioned to ensure common parameters (or meaning) to questions in the HMIS database. For example, is asthma a physical disability? Is PTSD a mental illness or a separate category? If there is confusion around questions that the Maricopa HMIS Project Team or software documentation cannot answer easily, the Data Quality Group can discuss and agree upon a convention. This information should be shared throughout the CoC (and also with the software provider).

6. Monthly and/or Quarterly reports will be generated from the HMIS database to verify timely data entry and quality assurance:

   Quarterly reports to the Advisory Board and to the CoC are a way to strengthen agencies compliance and promote a culture where data collection and quality is taken seriously and completed.

7. Programming queries and generating regular data quality reports:

The Maricopa HMIS Project team can play an important role by providing agencies with standard queries or tools to help them verify their agency's data quality. Similarly, these reports can be run on the overall system data to identify data errors.

8. Institutionalize a feedback loop to agencies:

The Maricopa HMIS Project team and the Data Quality Group can create a process for all agencies to submit data quality issues in order to remediate discrepancies between program performance and standards. The Data Quality Group can use this information to help the Maricopa HMIS Project assess the quality of data and establish consistency between HMIS participating programs.

II. Monitoring Plan

Information entered into HMIS must be entered in a timely manner. It is required that all information be entered into Maricopa HMIS Project within 5 days of the occurrence. The programs entering information into the Maricopa HMIS Project must update client information at exit from the program or during regular assessment updates. It is important that information is kept up to date in the Maricopa HMIS database for data quality for reporting.

A. Report Utilization

Data Quality reports will be used to assess individual program data quality. The HMIS project team will be responsible for developing Data Quality reports. The individual programs will be able to access the reports relevant to their programs. This will enable each program to monitor their data and improve data quality on an individual basis. It is recommended that each program run data quality reports on a monthly basis to meet the required HUD benchmarks.

B. Implementation Plan

1. Month 1: Goal: Assess Baseline Compliance Rate = 85% of HMIS Participating Agencies Achieve Data Quality Benchmark Compliance

   a. All data entered by providers up to current month

   b. Program data quality reports provided to the HMIS Data Quality Group for initial review

   c. Data quality reports reviewed by the HMIS Data Quality Group

   d. Providers correct data errors in HMIS database

   e. Revised aggregate data quality reports generated and published to the HMIS website

   f. Data quality progress report developed

g. Assess training needs and post training schedule/plan on HMIS website

2. Month 4: Goal: Increase Baseline Compliance Rate = 88%

    a. Initiate Quarterly Compliance Rate Report reviewed by the HMIS Data Quality Group

    b. Initiate Quarterly Compliance Rate Report will be posted to the HMIS website

3. Month 7: Goal: Increase Baseline Compliance Rate = 90%

4. Month 10: Goal: Increase Baseline Compliance Rate = 92%

5. Month 12: Goal: Increase Baseline Compliance Rate = 95%

    a. Annual Compliance Rate Report reviewed by the HMIS Data Quality Group and submitted to and approved by the HMIS Advisory Board

    b. Annual Compliance Rate Report will be posted to the HMIS website

    c. Compliance Rate Report will be posted to the HMIS website

    d. Presentation of data quality progress report at general CoC meeting – Annually

    e. When a 95% compliance rate is achieved, the goal will be to achieve 98% compliance rate for all data entered in HMIS

C. Reporting Requirements

HUD is requiring as part of the HUD data standards specific reports for data quality. Maricopa HMIS will produce the reports as required by HUD. These reports will change as HUD's regulations change.

1. The first report is a null/missing values report. These reports show what percentages of fields are left blank or marked "don't know" or "refused." It compares those numbers to the potential number if all client records had all required fields complete. The report will show the amount of null/missing information in the HMIS database.   This report can reflect the null or missing values for different program types across the CoC.

2. The second required report is an unduplicated data quality report. This report helps determine if clients are entered into the HMIS database more than once. To achieve high quality data, it is important that there is only one record per client. If a client is counted multiple times the information in the report will be incorrect.

3. A bed utilization report is required showing the percentage of beds or units filled on any given night. This report can show HUD and the CoC how the Maricopa HMIS Project programs are using their beds.

The bed utilization report will also show programs that are reporting an overutilization or underutilization of beds. For example, an agency that shows a repetitive 105% or higher occupancy rate, or an agency that shows a 60% or lower occupancy rate, would present an inconsistent bed utilization.

4. A timeliness report is required to monitor the data timeliness benchmark. This report will show that data is being entered in a timely manner. It will also show differences in dates. For example, the timeliness report will show the gap in time between when the client entered the program and the date that the data was entered into the HMIS database.

D. Programs will comply with HUD Data Standards including Program Elements, Universal Data Elements, Self-Sufficiency Matrix and User Training as stated in the CoC Program Performance Report.

E. As required in the HEARTH ACT, the Maricopa HMIS Project will work in conjunction with the CoC to ensure data coverage to meet the minimum bed coverage rates and service volume coverage rates as established by HUD.

F. Maricopa HMIS Project programs are subject to site visits from the Project team to ensure overall HMIS compliance.

HMIS Data Quality Depth of Data Elements

Name:

- First and Last Name not the same
- Suffix properly formatted
- No numerals in name fields (except Suffix)
- Suffixes not in last name field
- First name is not "Husband"; "Wife"; "Woman"; "Man"; "Baby" ;"Girl" ;"Boy" of similar

Social Security Number/Quality Code:

- SSN has all numbers and no dashes
- 9 digits when quality code indicates complete
- Less than 9 digits when quality code indicates partial
- All digits not the same; all numbers not sequential (123456789)

Date of Birth:

- Earlier than current date
- Earlier than program entry date
- Later than 90 years from present
- Not minor in Adult shelter/Adult in youth shelter

Ethnicity/Race:

- Primary and secondary race not the same

Gender:

- Men not pregnant
- No male in woman's shelter/woman in men's shelter

Veteran Status:

- Client under 18 not veteran
- All veterans in veteran shelter
- Those receiving veteran's pension marked as veteran

Disabling Condition:

- Those receiving SSDI for themselves are marked as having a disability
- Those indicating substance abuse, mental health, physical disability, developmental   disability, HIV/AIDS marked as having disability

Residence prior to program entry

- Self-report not contradicted by other HMIS data

Zip Code of Last Permanent Address/Quality Code

- Zip code complete if quality code marked as complete
- Zip code five or nine characters
- Zip code is valid
- Zip code has only numbers

Program Entry Date/ Program Exit Date

- All clients have a program entry date
- Program entry date later than birth date
- Program entry date prior to Exit date
- Entry and exit date not the same in residential shelter
- Length of program enrollment outliers are reasonable considering program type

Household ID

- No single person in family shelter
- No family in individual shelter
- One Head of Household per family

Client Occurrence

Timeliness

| 1 Month | 3 Months | 6 Months | 9 Months | 1 Year |

Within 5 Days Data Entered

| 85% Compliance | 88% Compliance | 90% Compliance | 92% Compliance | 95% Compliance |

Accuracy → 95% of data reflects what Client reported

→ All employees enter data in same way over time

Completeness

❌ Not to exceed 10% Missing Information

✔️ Less than 5% of responses are Don't Know or Refused

ATTACHMENT F – Maricopa HMIS Privacy Notice

Privacy Notice

Effective xx/xx/2016

Version 1.0

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. What This Notice Covers

1. This notice describes the privacy policy and practices of [Name of Agency]. Our main office is at [Address, web address, telephone contact information.]2. If this agency operates programs which are covered by HIPAA laws, additional privacy information will be provided and supersedes information in this Privacy Notice.

3. Our agency and many others participate in the Maricopa Regional Continuum of Care (CoC). The CoC promotes and funds communitywide goals and programs to end homelessness and utilizes data to make informed decisions.

4. The Maricopa Regional CoC has approved the use of various data systems for the collection and sharing of personal information including a computer system called a Homeless Management Information System (HMIS) and Homelink a software program utilized for matching clients to appropriate housing interventions. The CoC may approve additional data systems for community use in the future.

5. When a person requests or receives services from this agency or other agencies participating in the CoC, information about them and members of their household will be entered into these computer systems. These computer systems will be used by multiple agencies.

6. The policy and practices in this notice cover the processing of Protected Personal Information (PPI) of this and other agencies utilizing the approved data systems of the CoC. All personal information that the agencies maintain, not just the information entered into the data system, is covered by the policy and practices described in this notice. This policy covers only the programs within the agency that participate in HMIS.

7. Protected Personal Information (PPI) is any information we maintain about a client that:

> a. allows identification of an individual directly or indirectly

> b. can be manipulated by a reasonably foreseeable method to identify a specific individual, or

> c. can be linked with other available information to identify a specific client. When this notice refers to personal information, it means PPI.

8. We adopted this policy to provide accurate information about how your data may be used and to comply with the privacy standards for Homeless Management Information Systems (HMIS) and all CoC approved databases.

We intend this policy and practices to be consistent with the standards of 69 Federal Register 45888 (July 30, 2004).

9. This notice tells our clients, our staff, and others (such as our funders, the CoC and other social services providers) how we process personal information. We follow the policy and practices described in this notice.

10. We may amend this notice and change our policy or practices at any time. Amendments may affect personal information that we obtained before the effective date of the amendment. All amendments are approved by the CoC Board. Current information about the CoC Board can be found at the MAG website www.azmag.gov/Committees/.

11. We give a written copy of this privacy notice to any individual who asks. We maintain a copy of this policy on the MAG website at www.azmag.gov.

12. The HMIS is administered by Community Information and Referral (CIR). Their office is at 2200 N Central Ave Ste. 211; Phoenix, AZ, 85004. Their website is www.211arizona.org. You can contact the system administrator at 602-263-8845.

13. Homelink is administered by the Human Services Campus/Lodestar Day Resource Center located at 234 S 12th Ave; Phoenix, AZ, 85007. You may contact the system administrator at 602-759-5356.

14. The agency to contact regarding the CoC is the Maricopa Association of Governments located at 302 N. 1st Avenue, Phoenix, AZ 82003. Their phone number is 602-254-6300.

B. How and Why We Collect Protected Personal Information

1. We collect personal information only when appropriate to provide services or for another specific purpose of our agency or when required by law.

2. We may collect personal information for these purposes:

    a. To provide or coordinate services to clients

    b. To locate other programs that may be able to assist clients

    c. To verify information given to us by clients

    d. For functions related to payment or reimbursement from other services that we provide

    e. To operate our agency, including administrative functions such as legal, audits, personnel, oversight, and management functions

    f. To comply with reporting obligations

    g. To improve services on a system level

    h. When required by law

3. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services, and to better understand the needs of individuals in the community. We only collect information necessary to coordinate and deliver services.

4. We only use lawful and fair means to collect personal information.

5. We collect personal information with your knowledge and consent. If you seek our assistance and provide us with personal information, we verify your consent to the collection and processing of that information as described in this notice.

6. We may also get personal information, with your consent, from:

        a. Individuals who are you have identified as part of your household

        b. Individuals who you have identified as assisting you

        c. Individuals or organizations you provide for verification of information or references

        d. Information already collected about you by other agencies that are part of the HMIS

        e. Other private organizations in the CoC

        f. Government agencies and their data systems including Regional Behavioral Health Authority

        g. Public records including internet searches, telephone directories and other published sources

7.   We post a sign at our intake desk or other location explaining the reasons we ask for personal information. The sign gives our agency's contact information and the location of this privacy notice.

C. How We Use and Disclose Protected Personal Information

1. We use or disclose PPI for activities described in this part of the notice. We may or may not make any of these uses or disclosures with your information. We share client records with other agencies that may have separate privacy policies and that may allow different uses and disclosures of the information.

2. All participating agencies of the CoC share personal client information. The information that is shared with participating agencies may include all information you have provided or has been obtained with your consent. The list of these agencies and the information shared is subject to change. You will be asked to sign a Release of Information to disclose your PPI upon consent. Release of Information document provides specific details of how your information will be shared in the CoC data systems.

3. Agencies use and disclose data pertinent to the services and data collection requirements. Each agency must execute a partnership agreement with the administrator of the data system outlining proper use of the system. All users of the system are required to abide by a code of ethics.

4. You have the right to opt-out of having information shared with other participating agencies and still receive services from that agency. If you opt-out of sharing your information, your information will remain in the data system(s) and be subject to the other disclosures in this privacy notice, but the information will not be available to the other participating agencies. If you opt-out of sharing your information, that decision may change what additional resources or agencies are available to you.

5. By signing the Release of Information, you consent to the use or disclosure of your PPI for the purposes described here:

    a. to provide or coordinate services

    b. for functions related to payment or reimbursement for services

    c. to carry out administrative functions such as legal, audits, personnel, oversight, and management functions

    d. to create de-identified (anonymous) information that can be used for research and statistical purposes

    e. when required by law to the extent that use or disclosure complies with and is limited to the requirements of the law

    f. to avert a serious threat to health or safety if

        (1) we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and

        (2) the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat

    g. to report about an individual we reasonably believe to be a victim of abuse, neglect or domestic violence to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence

        (1) under any of these circumstances:

            (a) where the disclosure is required by law and the disclosure complies with and is limited to the requirements of the law

            (b) if the individual agrees to the disclosure, or

            (c) to the extent that the disclosure is expressly authorized by statute or regulation, and

                (I) we believe the disclosure is necessary to prevent serious harm to the individual or other potential victims, or

(II) if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PPI for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

(2) when we make a permitted disclosure about a victim of abuse, neglect or domestic violence, we will promptly inform the individual who is the victim that a disclosure has been or will be made, except if:

(a) we, in the exercise of professional judgment, believe informing the individual would place the individual at risk of serious harm, or

(b) we would be informing a personal representative (such as a family member or friend), and we reasonably believe the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the individual as we determine in the exercise of professional judgment.

h. for academic research purposes

(1) conducted by an individual or institution that has a formal relationship with this agency if the research is conducted either:

(a) by an individual employed by or affiliated with the organization for use in a research project conducted under a written research agreement approved in writing by a designated agency program administrator (other than the individual conducting the research), or

(b) by an institution for use in a research project conducted under a written research agreement approved in writing by a designated agency program administrator.

(2) any written research agreement:

(a) must establish rules and limitations for the processing and security of PPI in the course of the research

(b) must provide for the return or proper disposal of all PPI at the conclusion of the research

(c) must restrict additional use or disclosure of PPI, except where required by law

(d) must require that the recipient of data formally agree to comply with all terms and conditions of the agreement, and

(e) is not a substitute for approval (if appropriate) of a research project by an Institutional Review Board, Privacy Board or other applicable human subjects protection institution.

i. to a law enforcement official for a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:

(1) in response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena

(2) if the law enforcement official makes a written request for PPI that:

(a) is signed by a supervisory official of the law enforcement agency seeking the PPI

(b) states that the information is relevant and material to a legitimate law enforcement investigation

(c) identifies the PPI sought

(d) is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought, and

(e) states that de-identified information could not be used to accomplish the purpose of the disclosure.

(3) if we believe in good faith that the PPI constitutes evidence of criminal conduct that occurred on our premises

(4) in response to an oral request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person and the PPI disclosed consists only of name, address, date of birth, place of birth, Social Security Number, and distinguishing physical characteristics, or

(5) the official is an authorized federal official seeking PPI for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879 (threats against the President and others), and the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.

j. to comply with reporting obligations

k. to the administrators, vendors and contractors of the CoC approved data systems

6. Before we disclose your personal information that is not described here, we seek your consent.

D. How to Inspect and Correct Protected Personal Information

1. You may inspect and have a copy of your PPI that we maintain. We will offer to explain any information that you may not understand.

2. We will consider a request from you for correction of inaccurate or incomplete personal information that we maintain about you. If we agree that the information is inaccurate or incomplete, we may delete it or we may choose to mark it as inaccurate or incomplete and to supplement it with additional or corrected information.

3. To inspect, get a copy of, or ask for correction of your information, ask a program staff member how to obtain this information.

4. We may deny your request for inspection or copying of personal information if:

   a. the information was compiled in reasonable anticipation of litigation or comparable proceedings

   b. the information is about another individual (other than a health care provider or homeless provider)

   c. the information was obtained under a promise or confidentiality (other than a promise from a health care provider or homeless provider) and if the disclosure would reveal the source of the information, or

   d. disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.

5. If we deny a request for access or correction, we will explain the reason for the denial. We will also include, as part of the personal information that we maintain, documentation of the request and the reason for the denial.

6. We may reject repeated or harassing requests for access or correction.

E. Data Quality

1. We seek to maintain only personal information that is accurate, complete, and timely.

2. We will dispose of personal information and remove personal identifiers not in current use seven years after the information was created or last changed

3. We may keep information for a longer period if required to do so by statute, regulation, contract, or other requirement.

F. Complaints and Accountability

1. Questions or complaints pertaining to the agency serving you should follow the agency's grievance procedure. Questions or complaints that are broader than the services of a single agency or the use of a single data system can be directed to the CoC. If you are unsure where to go, you may go to any agency listed below and we will help you determine the best person to speak with.

[Name of Agency].

[Address, web address, telephone contact information.]

Community Information and Referral (CIR)

2200 N Central Ave Ste. 211

Phoenix, AZ, 85004

www.211arizona.org

602-908-3605

Human Services Campus/Lodestar Day Resource Center

234 S 12th Ave

Phoenix, AZ, 85007

 602-759-5356

Maricopa Association of Governments

302 N. 1st Avenue

Phoenix, AZ 82003

602-254-6300

2. All members of our staff (including employees, volunteers, affiliates, contractors and associates) with access to personal information are required to comply with this privacy notice. Each staff member must receive and acknowledge receipt of a copy of this privacy notice.

G. Change History:

1. Version 1.0 April, 2016 – Adopted HUD's baseline privacy notice and approved by the CoC Board.

ATTACHMENT G

HMIS
Homeless Management
Information System

Maricopa County HMIS Security Plan

HMIS SECURITY PLAN

The goal of the HMIS Security Plan is to ensure that HMIS data is collected, used, and maintained in a confidential and secure environment at all times. The HMIS Security Plan applies to Community Information and Referral Services (CIR) as the HMIS Lead Agency and System Administrator, HMIS participating agencies, and the HMIS Bowman Systems software. These standards apply to all client information that is collected in the HMIS.

The purpose of this document is to outline security standards and define the parameters of compliance with these standards. These standards represent a minimum level of security required for all HMIS participating agencies. Another key purpose of this document is to describe how the HMIS Lead Agency and System Administrator, and the HMIS software vendor meet and maintain security requirements established by HUD's security standards.

HMIS SOFTWARE PROVIDER

The Maricopa HMIS Project uses Bowman System's ServicePoint software. ServicePoint is supported by the most powerful system security measures available. Using 128-bit encryption, user authentication, PKI (Public Key Infrastructure), and user access levels, ServicePoint ensures that data is protected from intrusion.

Bowman Systems' employees, who have access to client-level data, are subject to a national background check, training on confidentiality requirements, and must sign a confidentiality statement as part of their employee agreement. The system function logs the time and type of activity, as well as the name of the user who viewed, added, edited, or deleted the information.

Servers are located in complexes with:

- Twenty- four (24) hour security personnel.
- Twenty- four (24) hour video surveillance.
- Dedicated and secured Data Center.
- Locked down twenty- four (24) hours per day.
- Only accessible by management-controlled key.
- No access is permitted to cleaning staff.
- State-of-the-art HVAC and fire suppression system.

LEVELS OF USER ACCESS AND SECURITY

A licensed user is a person who has signed and submitted a Maricopa County HMIS Code of Ethics Agreement and completed basic user training. Provider agencies are required to inform the System Administrator if a user leaves an agency within 24 hours of their termination or departure from the agency. If CIR, as the System Administrator and HMIS Lead Agency, is not notified of their termination

from the agency within twenty-four (24) hours, neither Bowman Systems or CIR as the System Administrator and HMIS Lead Agency will be liable for actions of a former agency employee with an active license.

CIR as the System Administrator will provide each user a unique username and initial password upon completion of training requirements as stated in this manual. CIR will perform an annual user audit for invoicing and licensing purposes. Users are not to share usernames, as this is a breach of the Maricopa County HMIS Code of Ethics agreement and the HMIS Partnership Agreement. Exchanging usernames seriously compromises security and privacy of clients. If a breach occurs, it may subject the agency to discipline and termination of access to the Maricopa County HMIS system. CIR conducts a monthly random audit of users to monitor that users are following the Maricopa HMIS Code of Ethics agreement.

Each HMIS Participating Agency will maintain a written policy detailing organizational management control over access authorization, user levels, and the internal process for activating new HMIS users. The HMIS Administrator will be solely responsible for establishing new users in the HMIS.

HMIS Participating Agencies must establish an internal point of contact, known as the Agency Administrator, for establishing new users with the HMIS Administrator. Individual staff should not email or request new HMIS users or HMIS program changes without permission from the Agency Administrator. Directors should be copied on the correspondence so that they are aware of new user requests.

An agency must identify the type of user and programs each user should access within their agency. The Agency Administrator must maintain listings of active users and notify the HMIS Administrator within 24 hours of any HMIS user that is no longer employed with the agency.

The Bowman Systems software gives agencies the ability to have different user levels. The primary HMIS User types used in Maricopa County are the following (Attachment A):

Read Only II
Case Manager I
Case Manager II
Agency Admin
Executive Director
System Admin II

SECURITY INCIDENT PROCEDURES

All HMIS Participating Agencies and their authorized users must abide by the terms of all HMIS agreements. Failure to fulfill these agreements may result in immediate termination of HMIS access until issues are resolved. All breaches related to security must be reported to the HMIS Lead Agency immediately after discovery. The HMIS Participating Agencies assumes all liability due to data breaches or risk of incident within their organization.

All HMIS users are obligated to report suspected instances of non-compliance with this policy that may leave HMIS vulnerable to intrusion or compromise client information. The HMIS Lead Agency and System Administrator is responsible for reporting any security incidents involving the real or potential intrusion.

All HMIS users will report any incident in which unauthorized use or disclosure of client information has occurred. Security breaches that have the possibility to impact the HMIS must be reported to the HMIS Participating Agency Administer who will notify the HMIS Lead Agency and System Administrator. Each HMIS Participating Agency will maintain and follow all procedures established by the HMIS Lead Agency, HMIS software and Maricopa County Regional Continuum of Care Board related to thresholds for security incident reporting.

If an unauthorized entity were to gain access to the Maricopa County HMIS and client data, or if there is suspicion of probable unauthorized access/activity, CIR as the System Administrator and HMIS Lead Agency, and Bowman Systems will take immediate action to protect the security of the system. Bowman Systems will adhere to the "Securing Client Data" manual (Attachment B).

The system then would be examined to determine the presence of system or data corruption. If the system has been compromised, the system would be taken offline. Using the previous night's backup, a restored copy of the system data would be loaded onto another server and the system brought back online with the back-up copy. Comparing the back-up database to the database taken offline, an investigation would be launched to determine the extent of the unauthorized activity/corruption and the corrective action needed. Upon completion of the investigation, findings would be reported to CIR and options would be discussed. Upon CIR's approval, corrective action would be initiated. Corrective action could include all or part of the following:

- The original hard drive would be completely erased and rebuilt, including a new operating system, SSL Certificate, applications and the back-up database.
- If applicable and feasible, lost data from the original database would be restored.

If Bowman Systems or its employees are determined to be at fault for unauthorized access, CIR may terminate the ServicePoint License and Service Agreement and pursue legal remedies.

The HMIS Lead Agency staff will review violations and recommend corrective and disciplinary actions. Each Maricopa HMIS Partner Agency will maintain and follow procedures related to internal reporting of security incidents.

AUDIT AND ACCESS CONTROLS

The HMIS Lead Agency will maintain accessible audit trails that allows for the monitoring of user activity. The HMIS will also authenticate user activity via Internet Protocol address and present simultaneous user access.

All HMIS users are set up so that the HMIS uses the IP to validate the user. At no time and under no circumstance should an HMIS user share their user login and password or allow anyone to use their license. Each user is assigned their own unique user license.

PERSONAL AUTHENTICATION AND PASSWORD PROTOCOLS

All users are required to attend New User Training to obtain an HMIS license.

The below outlines password and user inactivity protocols for each HMIS User:

- All passwords must be unique
- All passwords must be rotated every 45 days
- All passwords must be in a prescribed format recommending a mix of letters/numbers/capitalization/symbols
- Upon the third unsuccessful login try, users will be locked out of the system and the HMIS administrator must reset the password
- All users with no login activity for at least 45 days will be automatically inactivated.

Agency Administrators may reset passwords. If the Agency Administrator is unavailable or otherwise unable to reset a password for an end user, CIR will reset a user's password in the event the password is forgotten. Users must request a password reset by submitting a request to the Maricopa County HMIS Help Desk at HMISsupport@cir.org or by calling the HMIS Help Desk at (602) 908-3605.

CIR will verify the user is active in the system prior to resetting a password. The reset information will be sent back to the user via the Help Desk. The user must enter the password given. The system will only accept this password one time. The system will require the user to create a new password and enter it twice before accessing the database.

PUBLIC ACCESS PROTOCOLS

Program staff should be present to monitor workstations containing access to the HMIS database. Additionally, when workstations are not in use and staff is not present, steps should be taken to ensure that the computers and data are secure and not usable by unauthorized individuals. After a short amount of time, workstations should automatically turn on a password protected screen saver when the workstation is temporarily not in use. Password protected screen savers are a standard feature with most operating systems and the amount of time can be regulated by the HMIS Participating Agency.   If staff from an HMIS Participating Agency will be gone for an extended period of time, staff should log off the data entry system and shut down the computer. The HMIS database will automatically log the user out after 15 minutes of inactivity.

Users will ensure the confidentiality of client data, following all security policies in the Maricopa County HMIS Policies and Procedures Manual and adhering to the standards of ethical data use, regardless of the location of the connecting computer. The Agency Administrator or designee has the responsibility to assure the user is in compliance with this and all other policies, procedures, agreements and rules governing the Maricopa County HMIS.

All users that access the Maricopa County HMIS remotely must meet the standards detailed in this document and may only access it for activities directly related to their job. Users may not access the system from unsecured networks (for example: coffee shops, restaurants, libraries and other public places).

Examples of allowable Remote Access:

- Personal laptops that were not purchased by the agency.
- Access to the Maricopa County HMIS on a secured private network other than that of the agency.
- Private home desktops.

CIR may audit remote access by Maricopa County HMIS users. If a user is found to have accessed the Maricopa County HMIS through an unsecured network, the user license will be immediately suspended. CIR may impose additional sanctions on the agency including termination of access to the Maricopa County HMIS.

MALWARE AND VIRUS PROTECTION WITH AUTO UPDATE

HMIS Participating Agencies accessing the HMIS must protect the system by using commercially available malware, virus protection software, and must also maintain a secure firewall.

The HMIS Software Provider places firewalls on all data-hosting servers and regularly monitors all activity.

DISASTER PROTECTION AND RECOVERY

The HMIS Software Provider is contractually required to back up all HMIS data. Data backup is conducted every 24 hours and is maintained using both power and alternative power systems at a different location from the primary HMIS servers.

DATA SECURITY AND ENCRYPTION

Bowman Systems ensures availability of customer data in the event of a system failure or malicious access by creating and storing redundant records. All data going across the Internet to the user's Web browser uses AES-256 encryption in conjunction with RSA 2048-bit key lengths.

The traffic that flows between the server and the user's workstation is encrypted using the SSL certificate installed on CIR's dedicated servers. Database tape backups are performed nightly. Tape backups are maintained in secure offsite storage. Seven (7) days' backup history is stored on instantly accessible Raid 10 storage. One (1) month's backup history is stored offsite. Users have twenty-four/seven (24/7) access to Bowman Systems emergency line to provide assistance related to outages or downtime.

Attachment A – ServicePoint User Roles

ServicePoint® User Roles Version 5.11 September 5, 2014	Case Manager I	Case Manager II	Read Only II	Agency Admin	Executive Director	System Admin II
ClientPoint						
View client record	X	X	X	X	X	X
View inactive client record						X
Modify client record	X	X		X	X	X
Delete client record				X	X	X
Delete any client record						X
Ability to modify static client security	X	X		X	X	X
Ability to modify dynamic client security	^	^		^	^	X
View client releases of information	X	X	X	X	X	X
Modify / delete client releases of information	X	X		X	X	X
View case managers	X	X	X	X	X	X
Modify / delete case managers	X	X		X	X	X
View Assessments Tab	X	X	X	X	X	X
Add/Edit client answers In Assessment Tab	X	X		X	X	X
View Case Plans Tab	X	X	X	X	X	X
Add/Edit goals, case notes, action steps Case Plans	X	X		X	X	X
View client incidents	X	X	X	X	X	X
Modify / delete client incidents		X		X	X	X
View client needs/services/referrals	X	X	X	X	X	X
Modify / delete client needs/services/referrals	X	X		X	X	X
View client entry/exits	X	X	X	X	X	X
Modify / delete client entry/exits	X	X		X	X	X
View client file attachments	X	X	X	X	X	X
Modify / delete client file attachments	X	X		X	X	X
Delete Households						X
Delete Households (with restrictions)*	X	X		X	X	
ResourcePoint	X	X	X	X	X	X
ShelterPoint	X	X		X	X	X
CommunityPoint						
Global Action given to users in order to disable/hide admin areas which should not be accessible						
CallPoint						
Modify Call Records	X	X		X	X	X
View Call Records	X	X		X	X	X
View Inactive Call Records						X
ActivityPoint						
Add new ActivityPoint Activities	X	X		X	X	X
Edit ActivityPoint Activities	@	@		@	@	X
Delete ActivityPoint Activities	@	@		@	@	X
Manage Activity Attendance in Activity	@	@		@	@	X
Moderate client enrollment into Activities	X	X		X	X	X

Search and View Client Name (Enrollment)	X	X		X	X	X
Assign and manage Activity Volunteer History	X	X		X	X	X
Create new ActivityPoint Volunteers	X	X		X	X	X
Delete ActivityPoint Volunteers				X	X	X
Edit ActivityPoint Volunteers	X	X		X	X	X
Change the user selected as an activity's enrollment moderator				X	X	X
Display/manage only those Activities associated with current user's EDA providers						
Read-only privileges to all ActivityPoint Activities						
By-pass action to grant access to all ActivityPoint data for all providers						X
By-pass action to grant access to all ActivityPoint data for the current user's provider tree				X	X	X
Reports						
Ability to view the reports tab and run reports	X	X	X	X	X	X
Enable the ability to generate system-wide reports						X
Enable ability to delete subordinate or parent provider ReportWriter reports						X
Audit Reports						
Audit Report				X	X	X
User information				X	X	X
User Login				X	X	X
Audit Access Report						X
Provider Reports						
AHAR Report			X	X	X	X
Call Record Report	X	X	X	X	X	X
Client Served Report	X	X	X	X	X	&
Client Intake Report				X	X	X
Daily Unit Report	X	X	X	X	X	X
Duplicate Client Report			X			X
Entry/Exit Report	X	X	X	X	X	&
ESG Caper Report	X	X	X	X	X	&
PATH Report	X	X	X	X	X	&
Referrals Report	X	X	X	X	X	X
Service Transaction Report	X	X	X	X	X	X
Needs Report	X	X	X	X	X	&
Report/Writer	X	X	X	X	X	X
FundManager						
Modify the Provider Preferences controlling FundManager Fund/Vendor creation						X
Full control in the FundManager module						X
Create/modify legacy-style, limited Funds based on the legacy Funding Sources Picklist						X
Access to FundManager module, even if User is not a Review Agent or Fund Administrator				X	X	X
Administration						
Add / edit / delete users				@	@	X
View users				@	@	X

View Inactive Users						X
Reset bad login attempts for users				@	@	X
Reset Passwords				@	@	X
Able to assign resource groups to users				@	@	X
Add Provider						X
Edit Provider				#	#	X
Delete Provider				%	%	X
View inactive providers						X
Modify Provider Visibility information				X	X	X
Modify Provider Services in Provider Admin				X	X	X
Modify Provider Profile information				X	X	X
View Provider Maintenance information				X	X	X
Modify Provider Maintenance information				X	X	X
Add Subordinate Providers				X	X	X
Modify Provider Configuration information				X	X	X
View Provider Configuration information				X	X	X
View Provider Display Settings				X	X	X
Modify Provider Display Settings				X	X	X
Add / edit / remove agency news	X	X		X	X	X
Add / edit / remove system news						X
Access to Create / Read / Update / Delete assessment information. User can change settings						X
Access to AIRS Taxonomy Admin						X
View Picklists						X
Modify Picklists						X
Purchase licenses						X
Allocate and assign licenses				X	X	X
Shadow Mode				X	X	X
View resource groups						X
Add / edit / delete resource groups						X
View reporting groups				X	X	X
Add / edit / delete reporting groups				X	X	X
View visibility groups				X	X	X
Add / edit / delete only local visibility groups				X	X	
Add / edit / delete all visibility groups						X
View EDA groups				X	X	X
Add / edit / delete EDA groups				X	X	X
Send system emails (using Email Admin)				X	X	X
View System Preferences						X
Modify System Preferences						X
Access to Measurements Admin						X
Access to review records in Provider Approval Bin						X
Other						
Export of Providers						X
Provider Admin sections disabled when the provider is outside the current provider's tree						
Bypass Security For the current tree (same as agency-admin bypass in SP v3&4)			X	X	X	

Bypass Security						**X**
Bypass Release of Info						**X**
Delete any assessment data system-wide						**X**
Enter Data As other users	**X**	**X**		**X**	**X**	
Enable Backdate Mode	^	^		^	^	^
Backdate Release of Info	**X**	**X**		**X**		**X**
System Support						
Generate XML Exports						**X**

ATTACHMENT H – Report Request Form

HMIS REPORT REQUEST FORM

Organization Name: _____ Date_____

Contact Information:

      Name: _____

      Phone Number: _____

      E-mail Address: _____

General Information:

Report Name:_____

Purpose of the Report: _____

_____

_____

Project(s)   included   in   the   report:
_____

_____

_____

Time Period:

From _____ (MM / DD / YY) to _____ (MM / DD / YY)

☐   One time only
☐   Monthly
☐   Quarterly
☐   Bi-annual
☐   Annual

Requested Completion Date: _____

(Specify the date on which the report is needed)

Report Content:

State in detail what you want in your report. (Write Below or Attach)

_____
_____
_____
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_____

Send request to the following address: HMISsupport@cir.org

ATTACHMENT I – Report Update Form

HMIS REPORT UPDATE OR ISSUE REQUEST FORM

Organization Name: _____   Date_____

Contact Information:

      Name: _____

      Phone Number: _____

      E-mail Address: _____

General Information:

Report Name:_____

Requested Completion Date: _____

(Specify the date on which the report is needed)

Report Content:

State in detail what you updated or what issue you are having with the report. (Write Below or Attach)

_____
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Send request to the following address: HMISsupport@cir.org

ATTACHMENT J – New Project/Project Update Form

HMIS NEW PROJECT/PROJECT UPDATE INFORMATION FORM

Date_____

Organization Name:_____ _____

Contact Information:

      Name: _____

      Phone Number: _____

      E-mail Address: _____

New Project Name (How it will appear in HMIS):_____

_____

Type of Program:

- ☐ HUD Funded CoC
- ☐ HOPWA
- ☐ PATH
- ☐ ESG
- ☐ SSVF
- ☐ RHY
- ☐ Faith Based
- ☐ Other _____

Project Type:

- ☐ Emergency Shelter
- ☐ Transitional Shelter
- ☐ Permanent Supportive Housing
- ☐ Permanent Housing
- ☐ Outreach
- ☐ Rapid Rehousing

☐   Homeless Prevention
☐   Service Only

Does the project need any of the following ServicePoint resources?

☐   Services
☐   Referrals
☐   ShelterPoint (Bed Tracking)

Please name the Users who will need access to the project:

_____

_____

_____

_____   _____

HMIS Provider Organization Signature   Date

_____   _____

CIR Internal Approval   Date

Send request to: HMISsupport@cir.org

Section 8 Housing Choice Voucher
ADMINISTRATIVE PLAN

Revised January 2016

City of Phoenix
HOUSING DEPARTMENT

established must be based on local housing needs and identified in this Plan.

The Housing Department's method of selecting applicants from the waitlist leaves a clear audit trail that can be used to verify that each Section 8 Housing Choice Voucher applicant has been selected as specified in the Administrative Plan. The Housing Department will select families from the waiting list in accordance with HUD requirements and local preferences.

The Housing Department will select applicants based on the following "local preferences" and designated ranking system:

A. The following are the highest ranked preferences, with 10 equal points and are equally weighted. If an applicant qualifies for one of these preferences, they will be housed before other applicants.

1) Families referred by a law enforcement agency for witness protection or other safety concerns (10 points)

2) Families displaced by city of Phoenix action (10 points)

3) The city of Phoenix Housing Department operates a number of programs which serve special populations, special needs or which were designed for special purposes. For these populations and programs, preference will be given to applicants that are referred from various community organizations or divisions of local government which are under a Memorandum of Understanding (MOU), Memorandum of Agreement, or a Contract with the Housing Department in accordance with program regulations (10 points)

B) Families that qualify for the following preferences are housed after the highest ranked preferences, but before applicants with no preferences:

1) Residents of the city of Phoenix who live, work or have been hired to work in the city of Phoenix limits will qualify for a preference; working families with at least one adult who is employed will qualify for a preference; elderly/disabled families will qualify for a preference. (1 point)

2) All other families whose head or spouse is receiving income based on their inability to work. (0 points)

Applicants with one or more local preference will be housed before other applicants. Date and time of application will be used to determine the sequence of tenant selection after applying the above prescribed preferences.

5.1   Waiting List Admissions and Special Admissions

The Housing Department may admit an applicant for participation in the Section 8 Tenant-Based Assistance Program or a HUD-designated Special Program either as a special admission or as a waiting list admission.

If HUD awards funding that is targeted for families with specific characteristics or families living in specific units, the Housing Department will admit these families under a special admission procedure. Special admission families can be admitted outside of the regular waitlist process per the particular eligibility requirements of HUD-designated special programs.

The Housing Department currently administers the Housing Opportunities for People with Aids (HOPWA,) Mainstream, Mod. Rehab. / Single Room Occupancy, Family Unification Program (FUP) and HUD-Veteran's Affairs Supportive Housing (VASH) Special Programs with applicants admitted under HUD-targeted special admission characteristics and eligibility requirements.

5.2   Income Targeting

In accordance with the statutory requirement of the Quality Housing and Work Responsibility Act of 1998 (QHWRA), each fiscal year the Housing Department will reserve a minimum of 75 percent of its Section 8 HCV new admissions for families whose income does not exceed 30 percent of the area median income. HUD refers to these families as "extremely low-income families (ELI)". To ensure this requirement is met, the Housing Department may skip non-ELI families on the waiting list in order to select an ELI family.

The Housing Department's income targeting requirement does not apply to low-income families continuously assisted as provided under the 1937 Housing Act. The Housing Department is also exempt from this requirement where the Housing Department is providing assistance to low-income or moderate-income families admitted to the program. Families that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes.

Streamlined Annual PHA Plan (*High Performer PHAs*)	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires: 02/29/2016

Purpose. The 5-Year and Annual PHA Plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families

Applicability. Form HUD-50075-HP is to be completed annually by **High Performing PHAs**. PHAs that meet the definition of a Standard PHA, Troubled PHA, HCV-Only PHA, Small PHA, or Qualified PHA <u>do not</u> need to submit this form.

Definitions.

(1) *High-Performer PHA* – A PHA that owns or manages more than 550 combined public housing units and housing choice vouchers, and was designated as a high performer on <u>both</u> of the most recent Public Housing Assessment System (PHAS) and Section Eight Management Assessment Program (SEMAP) assessments.

(2) *Small PHA* - A PHA that is not designated as PHAS or SEMAP troubled, or at risk of being designated as troubled, and that owns or manages less than 250 public housing units and any number of vouchers where the total combined units exceeds 550.

(3) *Housing Choice Voucher (HCV) Only PHA* - A PHA that administers more than 550 HCVs, was not designated as troubled in its most recent SEMAP assessment, and does not own or manage public housing.

(4) *Standard PHA* - A PHA that owns or manages 250 or more public housing units and any number of vouchers where the total combined units exceeds 550, and that was designated as a standard performer in the most recent PHAS or SEMAP assessments.

(5) *Troubled PHA* - A PHA that achieves an overall PHAS or SEMAP score of less than 60 percent.

(6) *Qualified PHA* - A PHA with 550 or fewer public housing dwelling units and/or housing choice vouchers combined, and is not PHAS or SEMAP troubled.

A.	PHA Information.

| A.1 | **PHA Name**: __City of Glendale, Arizona, Community Housing Division _____ **PHA Code**: ____AZ003_____
 PHA Type: ☒ Small ☒ High Performer
 PHA Plan for Fiscal Year Beginning: (MM/YYYY): _____07/2016_____
 PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)
 Number of Public Housing (PH) Units ____155_____ **Number of Housing Choice Vouchers (HCVs)** ____1054_____
 Total Combined _____1209_____
 PHA Plan Submission Type: ☒ Annual Submission ☐ Revised Annual Submission

 Availability of Information. In addition to the items listed in this form, PHAs must have the elements listed below readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection by the public. Additionally, the PHA must provide information on how the public may reasonably obtain additional information of the PHA policies contained in the standard Annual Plan, but excluded from their streamlined submissions. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on their official website. PHAs are also encouraged to provide each resident council a copy of their PHA Plans.

 The PHA Annual Plan and policy documents may be obtained on the City of Glendale, Arizona website at <u>www.glendaleaz.com</u>, and at the Community Housing Administrative Offices located at 6842 N. 61st Avenue, Glendale, Arizona.

 ☐ **PHA Consortia**: (Check box if submitting a Joint PHA Plan and complete table below) |

Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program	
				PH	HCV
Lead PHA:					

B.3	**Progress Report.**
	Provide a description of the PHA's progress in meeting its Mission and Goals described in the PHA 5-Year Plan.
	Goal: Provided funding exists, maximize the current level of affordable housing for as many low-income, very low-income, and extremely low-income eligible families as possible by maximizing voucher usage. **Objective:** Maintain Unit Months Leased or Housing Assistance Payment subsidy at 98%-100% of available vouchers or budget authority. CHD is on track with more than 99% of our vouchers utilized. Budget authority utilization is also on track. **Objective:** Work to collect HAP overpayments and fraud recovery. CHD works internally through promissory note repayment agreements as well as with a collections agency to collect HAP overpayments to landlords and to collect monies owed by tenants for failure to report income or other program violations that affect subsidy amount.
	Goal: Continue to provide an improved living environment. **Objective:** Complete inspections on all Section 8 and Public Housing units annually and when otherwise deemed necessary. CHD inspects both Section 8 and Public Housing units timely and in compliance with HUD requirements. CHD encourages landlords and tenants to contact our office with HQS related concerns and schedules "special" inspections as necessary. Policies have been implemented to ensure landlord payments are abated promptly for units not in compliance with HQS and have not been repaired timely. Public Housing undergoes three inspections annually per unit for annual inspection, housekeeping, and preventative maintenance. **Objective**: Continue to partner with City Public Safety to provide ongoing police support and presence, to continue to lower crime rates in the rental communities. CHD works closely with the Glendale Police Department on crime prevention measures that will reduce and/or prevent crime rates in the City of Glendale, which in turn affects both Section 8 assisted families and those who live in the Public Housing communities. CHD has partnered with Glendale PD to have a law enforcement officer assigned to provide assistance with Public Housing and Section 8 assisted families as well. The "Knock-and-Talk" program is still in force to give Public Housing residents the opportunity to be introduced to the communities and program expectations by a member of Glendale Housing staff and the Glendale Police Department. CHD staff attends bi-weekly meetings with PD to identify crime trends and prevention measures. Glendale PD and CHD partner to ensure the housing authority is made aware of the most current resources and referral information available for various services. Glendale PD keeps CHD informed of any crime related activity involving assisted families for both programs, to ensure the peaceful enjoyment of the community for all. **Objective**: Continue to modernize Public Housing units as funding becomes available. CHD continues to modernize units at vacancy as needed, and to address ongoing energy efficiency standards in appliances, windows, exterior doors, roofing, heating, and cooling. Offline units are requested as needed to complete projects.
	Goal: Partner with and educate landlords to maximize effectiveness of the Section 8 program. **Objective:** Work with landlords to educate them on successful landlord practices. CHD continues to require new landlords to come in for an in-person landlord briefing. During this briefing, CHD educates landlords on the Section 8 program, including their responsibility to maintain their property in accordance with housing quality standards, family rights and obligations, and enforcing their lease. CHD also educates existing landlords as situations arise that warrant more education.
	Goal: Work toward making Public Housing properties as energy efficient and environmentally friendly as possible. **Objective:** Educate tenants on appropriate water savings and energy savings. CHD continues to educate public housing residents on the importance of water conservation in the quarterly newsletter. Tips are provided on how to conserve resources and reduce their monthly bills, as well as CHD's efforts to promote water conversation with xeriscaping projects. **Objective:** Continue to replace aging HVAC units, windows and doors with more efficient products as funding becomes available. CHD continues to install improved energy efficient air conditioning units. CHD has installed low-E energy efficient windows, added insulation into the roof attics, added weather stripping and sweeps on exterior doors, energy efficient appliances as needed, and added wind vent turbines on the roofs.
	Goal: Ensure equal opportunity and affirmatively further fair housing. **Objective:** Continue to use preferences for application/wait list process for elderly and disabled applicants. CHD continues to use preferences for the elderly and disabled on the wait lists. CHD also requires staff to attend various fair housing trainings and other educational opportunities. In addition, CHD utilizes a single person homeless preference. **Objective:** Refer Section 8 families to Community Legal Services for issues brought to our attention. CHD continues to work with families to prevent Fair Housing violations by referring assisted families to Community Legal Services as appropriate and necessary. **Objective**: Track those individuals needing translation services to ensure access to programs is not hindered due to language barriers. CHD continues to track walk-ins and telephone calls of all who contact the office to assess translation needs. CHD has contracted with a service that provides translation services for all languages other than English. CHD employs Spanish-speaking staff.
B.4.	**Most Recent Fiscal Year Audit.** (a) Were there any findings in the most recent FY Audit? Y N ☐ ☒ (b) If yes, please describe:
	Other Document and/or Certification Requirements.

3.4   Local Preferences

HAMC will provide local preferences to applicants as follows:

1. **Local Residency** (10 Points) – Applicants that have resided in the jurisdiction of HAMC for a minimum of twelve months or are currently employed in HAMC's jurisdiction.
2. **Veterans** (10 Points) - Applicants in which the sole member or the head of the household is a veteran of the armed forces.
3. **Elderly or Disabled** (10 Points) - Applicants in which the head of the household is 62 years of age and older or disabled.

The local preferences will not be verified prior to placement on the waiting list. HAMC will verify the preference at the time that the applicant is selected from waiting list for processing of final eligibility. Verification must confirm that the applicant qualified for the preference(s) at the time of initial registration for housing assistance. If the applicant is unable to verify one or more preference(s) claimed, they will be placed at the end of the waiting list and re-ranked based solely on the lottery number with no preference points.

Homeless Referral Preference (20 Points) - Families who are homeless (the family has a primary night time residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, such as welfare voucher hotels, congregate shelters or transitional housing designed for homeless persons, or a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings) AND are participating in case management with an approved referral agency. A limitation on the number of housed referrals will equal a minimum of 2% of the current number HAMC's public housing units.

Homeless Families that live with friends or relatives who are not currently in the transition system, will be encouraged to apply for public housing without preference or other available HAMC programs that they may qualify for.

3.5   Application Process

The application process will consist of a two-step process:
1. On-line applications;
2. The formal application.

The on-line application will request information needed for placement on the waiting list and for applicant certification of any preference claimed. The formal application will be completed at the time of the application interview as described below.

On-line applications will be accepted as specified in the public notice. Upon closure of the application period, HAMC will rank applicants in order as follows:

1. Total combined preference points
2. Date and time of application.

City of Mesa Housing Authority

ADMINISTRATIVE PLAN

HOUSING CHOICE VOUCHER PROGRAM

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

City of Mesa Housing Authority Policy

The PHA will offer two local preferences which are ranked in the following order:

1. A chronically homeless person as defined by the U.S. Department of HUD: (either (A) a person with a disability who lives either in a place not meant for human habitation, a safe haven, or emergency shelter continuously for at least 12 months, OR (B) on at least four separate occasions in the last three years, where the combined length of homeless occasions is equal to at least 12 month. Each period separating the homeless occasions, or "break," must consist of seven or more consecutive nights where the individual is not living in a homeless situation.   ;

2. Current resident of Mesa or a person who is currently working or hired to work in the City of Mesa.

Equal preference holders will be placed on the waiting list based upon the date and time of receipt of their application. Non-preference holders will be placed on the waiting list based upon the date and time of receipt of their application.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD-Defined Financial Hardship

Financial hardship includes the following situations:

(1) The family has lost eligibility for or is awaiting an eligibility determination for a federal, state, or local assistance program. This includes a family member who is a noncitizen lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled to public benefits but for Title IV of the Personal Responsibility and Work Opportunity Act of 1996.

> City of Mesa Housing Authority Policy
>
> A hardship will be considered to exist only if the loss of eligibility has an impact on the family's ability to pay the minimum rent.
>
> For a family waiting for a determination of eligibility, the hardship period will end as of the first of the month following: (1) implementation of assistance, if approved, or (2) the decision to deny assistance. A family whose request for assistance is denied may request a hardship exemption based upon one of the other allowable hardship circumstances.

(2) The family would be evicted because it is unable to pay the minimum rent.

> City of Mesa Housing Authority Policy
>
> For a family to qualify under this provision, the cause of the potential eviction must be the family's failure to pay rent to the owner or tenant-paid utilities because of circumstances in which the family is getting admission to the program and is currently homeless with no household income.

(3) Family income has decreased because of changed family circumstances, including the loss of employment.

(4) A death has occurred in the family.

> City of Mesa Housing Authority Policy
>
> In order to qualify under this provision, a family must describe how the death has created a financial hardship (e.g., because of funeral-related expenses or the loss of the family member's income).

(5) The family has experienced other circumstances determined by the PHA.

> City of Mesa Housing Authority Policy
>
> The PHA has not established any additional hardship criteria.

Implementation of Hardship Exemption

Determination of Hardship

Preferences [24 CFR 983.251(d) , FR Notice 11/24/08]

The PHA may use the same selection preferences that are used for the tenant-based voucher program, establish selection criteria or preferences for the PBV program as a whole, or for occupancy of particular PBV developments or units. The PHA must provide an absolute selection preference for eligible in-place families as described in Section 17-VI.B. above.

Although the PHA is prohibited from granting preferences to persons with a specific disability, the PHA may give preference to disabled families who need services offered at a particular project or site if the preference is limited to families (including individuals):

• With disabilities that significantly interfere with their ability to obtain and maintain themselves in housing;

• Who, without appropriate supportive services, will not be able to obtain or maintain themselves in housing; and

• For whom such services cannot be provided in a non-segregated setting.
  In advertising such a project, the owner may advertise the project as offering services for a particular type of disability; however, the project must be open to all otherwise eligible disabled persons who may benefit from services provided in the project. In these projects, disabled residents may not be required to accept the particular services offered as a condition of occupancy.

If the PHA has projects with more than 25 percent of the units receiving project-based assistance because those projects include "excepted units" (units specifically made available for elderly or disabled families, or families receiving supportive services), the PHA must give preference to such families when referring families to these units [24 CFR 983.261(b)].

> City of Mesa Housing Authority Policy
>
> **Preferences for PBV properties will be determined and approved by PHA according to tenancy criteria.**
>
> Preference holders will be placed on the waiting list based upon preference weight and the date and time of receipt of their application. Homeless preference will be weighted at 2 points and Mesa preference will be weighted at 1 point. Non-preference holders will be placed on the waiting list based upon the date and time of receipt of their application.

Preferences for Escobedo at Verde Vista Apartments located at 125 E University Dr, Mesa, AZ 85201 ONLY

Mesa Resident:
Current resident of Mesa or a person who is currently working or hired to work in the City of Mesa.

Homeless:
"An individual and/or family who has experienced at least two episodes of shelter living and has a substantiated need for long term case management and supportive services. The individual must be registered in the Homeless Management Information System (HMIS), with the exception for domestic violence victims."

Income Eligibility
Your family's annual gross income is at or below 30% of the Area Median Income (ELI).

Preferences for LaMesita Apartments LP located at 2254 E Main St, Mesa, AZ 85201 ONLY

Mesa Resident:
Current resident of Mesa or a person who is currently working or hired to work in the City of Mesa.

Homeless:
"An individual and/or family who has experienced at least two episodes of shelter living and has a substantiated need for long term case management and supportive services. The individual must be registered in the Homeless Management Information System (HMIS), with the exception for domestic violence victims."

Income Eligibility
Your family's annual gross income is at or below 30% of the Area Median Income (ELI).

Tempe

ADMINISTRATIVE PLAN

FOR THE CITY OF TEMPE

HOUSING CHOICE VOUCHER PROGRAM

Product # 301-002

January 1, 2005

Revision Date	Revision Date
9/1/05 – Nan McKay	10/1/2009 – Nan McKay
5/1/06 – Nan McKay	8/1/2010 – Nan McKay
12/1/06 – Nan McKay	**2/24/2011 – Revisions Adopted COT**
7/1/07 – Nan McKay	
8/1/08 – Nan McKay	
11/20/2008 – Adopted COT	
11/1/08 – Nan McKay	

Approved by the City of Tempe City Council: 11/20/2008

Submitted to HUD: 12/8/2008

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

> PHA Policy
>
> The PHA will offer the following local preferences:

1. INVOLUNTARILY DISPLACED BY FEDERAL OR LOCAL GOVERNMENT ACTION

To qualify for this preference, the applicant is or will be involuntarily displaced if the applicant has vacated or will vacate his/her housing unit as a result of one or more of the following actions:

- Activity carried on by an agency of the United States or by any State or local Governmental body or agency in connection with code enforcement; **or**
- a public improvement or development program; **or**
- due to uninhabitability as a result of a natural disaster such as a fire or flood.

Verification of Involuntary Displacement will be verified by Certification from a unit or agency of government that you have been or will be displaced by government action, or due to uninhabitability due to a natural disaster (i.e., fire or flood).

PREFERENCE POINTS: **200**

2. HOMELESS IN THE CITY OF TEMPE

To qualify for this preference, the applicant must lack a fixed, regular, and adequate night-time residence; and have primary night time residency that must meet one of the following criteria:

- a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or
- an institution that provides a temporary residence for individuals intended to be institutionalized; or
- a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings,
- a transitional project that is designed to provide housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months.

PREFERENCE POINTS: **150**

3. **RESIDE IN THE CITY OF TEMPE**

   To qualify for this preference, applicant must meet at least one of the following criteria:
   - Lessee (tenant); must have a current lease with the legal owner/landlord of the rental property; or
   - Household member; must be listed on a current lease as legally living in the rental property as a member of the Lessee's household; or
   - Lessee (tenant); must be legally responsible for rent payments to the legal owner/landlord of the rental property.

   Residency will be verified with the legal owner/landlord of the rental property.

   OR

4. **WORKING, OR HIRED TO WORK, IN THE CITY OF TEMPE**
   To qualify for this preference, the Head of Household and/or Spouse or Co-Head or Sole Member must meet at least one of the following criteria:

   - be physically employed in the city limits of Tempe; or
   - have been notified that they are hired to work in the city limits of Tempe; or
   - employed in the city limits of Tempe through an internship or other training program designed to prepare individuals for the job market may qualify for this preference.

   Employment will be verified with the employer. An applicant shall be given the benefit of the working family preference if the Head of Household and/or Spouse or Co-Head or Sole Member is age 62 or older, or is a person with disabilities and is homeless and/or resides in the City of Tempe.

   PREFERENCE POINTS: **100**
   MAXIMUM POINTS POSSIBLE: **450**

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income (LI) families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or

302 North 1st Avenue, Suite 300 ▲ Phoenix, Arizona 85003
Phone (602) 254-6300 ▲ FAX (602) 254-6490
E-mail: mag@azmag.gov ▲ Web site: www.azmag.gov

Homeless Management Information System (HMIS) Lead Agency

MEMORANDUM OF UNDERSTANDING
between

Community Information and Referral (CIR)
and
Maricopa Association of Governments Regional CoC Board

I. PURPOSE AND BACKGROUND

The purpose of this Memorandum of Understanding (MOU) is to confirm agreements between **Community Information and Referral (CIR)** and the Maricopa Association of Governments Regional Continuum of Care Board (CoC Board), the lead decision making body for the Continuum of Care in Maricopa County, related to management of the Homeless Management Information System (HMIS). This MOU establishes **CIR** as the **HMIS Lead Agency** for the CoC, defines general understandings, and defines the roles and specific responsibilities of each party related to key aspects of the governance and operation of HMIS.

The Parties enter into this MOU wishing to maintain their own separate and unique missions and mandates, and their own accountabilities. Unless specifically provided otherwise, the cooperation among the Parties as outlined in this MOU shall not be construed as a partnership or other type of legal entity or personality. Each Party shall accept full and sole responsibility for any and all expenses incurred by itself relating to this MOU. Nothing in this MOU shall be construed as superseding or interfering in any way with any agreements or contracts entered into among the Parties, either prior to or subsequent to the signing of this MOU. Nothing in this MOU shall be construed as an exclusive working relationship. The Parties specifically acknowledge that this MOU is not an obligation of funds, nor does it constitute a legally binding commitment by any Party or create any rights in any third party.

HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD Continuum of Care and Emergency Solutions Grant (ESG) funding and projects provided through HUD's federal partners. HMIS is essential to coordinate client services and inform community planning and public policy. Through HMIS, homeless individuals and families benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in Maricopa County, including required HUD reporting. The parties to this MOU recognize that thorough and accurate capture and analysis of data about homeless services and persons experiencing homelessness is necessary to service and systems planning, effective resource allocation, and advocacy, and thus, share a mutual interest in successfully implementing and operating HMIS within the Continuum of Care in **Maricopa County.**

II. DURATION

Except as provided in Section VIII (Termination), the duration of this MOU shall be from the date that the MOU is executed through June 1, 2017. While it is anticipated that this MOU will be renewed annually for periods of one year thereafter, the parties will revise and affirmatively agree to the terms of this relationship annually. This annual review is intended to ensure the continued relevance of the terms to the parties and to ensure continued consistency and compliance with HUD regulation. The existing MOU may be extended by the CoC Board until a new version is executed.

III. GOVERNANCE AND PARTICIPATION

1. CoC Governance

The CoC Board is the lead decision making group on behalf of the Continuum of Care within Maricopa County. As such and per HUD policy, the CoC is responsible for oversight and implementation of the HMIS data collection, management, and reporting system, which encompasses planning, administration, software selection, managing HMIS data in compliance with HUD rules and regulations, and reviewing and approving of all policies, procedures and data management plans governing contributing HMIS organizations. CoC oversight and governance responsibilities are carried out by its CoC Board, based on recommendations by the Performance Standards and Data Quality Committee (PSDQ). Per the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, the CoC has the authority to designate the HMIS lead agency.

2. Performance Standards and Data Quality (PSDQ) Work Group

The purpose of the PSDQ is to provide support and recommendations to the CoC Board related to the HMIS regulations and standards as set forth by HUD. The roles and responsibilities of PSDQ consist of: oversight of the HMIS Action Plan; oversight of HUD and community adopted system-wide Performance Measurements; develop Policies and Procedures including data sharing policies in partnership with CoC and HMIS Lead Agency; review of HMIS budget similar to the review of other CoC-funded projects; HMIS Lead Agency evaluation; oversight of data analysis and research; oversight of HMIS governance and compliance. Please refer to CoC Roles and Responsibilities document for further details on the role of PSDQ in the oversight and evaluation of the HMIS Lead Agency.

3. Lead Agency Designation

The CoC designates CIR as the HMIS Lead Agency to manage HMIS operations at the direction of CoC through its PSDQ. The HMIS lead is responsible for successfully completing applicable HUD reporting requirements, developing all plans, policies and procedures for review and approval by the CoC. The HMIS lead also executes all HMIS Partnership Agreements with each contributing HMIS organization, ensures that each HMIS user has signed an HMIS Code of Ethics, manages the system on a day-to-day basis, and provides technical support and training to users.

4. Contributing HMIS Organizations (CHO)

A CHO is defined as an organization (inclusive of the HMIS Lead) that operates a program providing services to persons at-risk or experiencing homelessness whether or not it is a member of CoC, and that contributes Protected Personal Information or other client-level data to the HMIS. CHOs are required to enter into HMIS Participation Agreements in order to contribute such data to the HMIS. The authority to

enter into HMIS Participation Agreements with CHOs is assigned to the HMIS Lead Agency, in accordance with HUD Rules and Regulations.

5. Program-level HMIS-compliant System (Comparable Database)

A program-level HMIS-compliant system (Comparable Database) is defined as a client management information system operated by a provider program meeting the definition of a domestic violence or legal services provider that allows the provider program to collect the minimum required data elements and to meet other established minimum participation thresholds as set forth in CHO HMIS Participation Agreements. For the purposes of seeking data contribution from non-HUD funded programs, the CoC may choose to allow the contribution of data from non-HUD funded programs to the HMIS. In such an event, a program-level HMIS-compliant system may also refer to a client management information system of such a program, provided it meets HUD Standards. PSDQ, in consultation with CIR, will review and document whether a comparable database meets all HUD system requirements prior to its use. The CoC Board will approve the use of a HUD compliant comparable database with the input of PSDQ.

6. CHO HMIS Agency Administrator

A CHO HMIS Agency Administrator is defined as a point-of-contact within each CHO and designated by the Executive Director or his/her designee of the CHO who is responsible for day-to-day collection, input, security, and privacy of HMIS data into the HMIS or a program-level HMIS-compliant system. A CHO HMIS Agency Administrator manages the data collection, data quality and program-level reporting according to the terms of the HMIS Partnership Agreement and HUD Rules and Regulations, including non-HUD funded programs contributing data to the HMIS from a program-level HMIS compliant comparable database.

7. End User

An End User is defined as an employee or other individual covered by a Code of Ethics. A volunteer, affiliate, associate, or any other individual acting on behalf of a CHO or the HMIS Lead Agency who uses or enters data in the HMIS and who has been authorized to access data by the HMIS Lead Agency as evidenced by completed user trainings and an executed HMIS Code of Ethics Agreement is an end user.

8. Software and Hosting

The CoC Board, in consideration of recommendations provided by the PSDQ in collaboration with HMIS Lead Agency, will select a HMIS software solution for the purposes of meeting HUD HMIS compliance requirements and broader CoC needs. The CoC delegates the authority to the HMIS Lead Agency to enter into contract with the CoC Board approved HMIS software solution, and if necessary, the HMIS Software Solution Provider.

IV. GENERAL UNDERSTANDINGS

1. Funding

a. HUD Grant(s)

HMIS activities are funded in part by the HUD CoC HMIS grant. The CoC authorizes CIR, as the HMIS Lead Agency, to apply for and administer the CoC HMIS grant funds. The terms and uses of HUD funds are governed by the HUD grant agreement and applicable rules.

b. Cash Match

The CoC and ESG HUD grants require a cash match. As detailed below in section V (2)(c), CIR is responsible for providing the commitment of the required local match for the HMIS grants, which may be through user fees charged to participating agencies and other sources of match obtained by CIR. In addition to cash match, the CoC encourages the use of leveraged funds to maximize resources for HMIS.

c. Invoicing and Payments for CHO User Fees

User fees charged by CIR for HMIS access will be approved by the CoC Board. CIR will be responsible for invoicing and tracking payment for user fees. Changes to user fees are per Board approval based on the recommendation of PSDQ. CIR retains the right to choose the invoicing frequency and method as well as the right to terminate access to the HMIS in the event of non-payment by a CHO.

2. Local Operational Policies and Agreements

The CoC delegates to CIR, in accordance with HUD policy, the authority to develop on its behalf the required policies, procedures, and plans associated with operating the HMIS. CIR is charged by the CoC to develop these policies, procedures, and plans in conjunction with the PSDQ. Policies, procedures and plans are subject to approval by the CoC Board. CIR and PSDQ will present for review and approval these policies, procedures, and plans on an annual basis to the CoC Board. These agreements, policies and procedures include, but are not limited to, an operating policies and procedures manual for use and management of the data (including procedures for ensuring the security of data, disaster recovery, data sharing policies and data quality assurance), privacy policies and notices, data collection and technical standards for CHOs, Participation Agreements, and End User Agreements.

Once reviewed and approved, changes to the policies and procedures may be made from time to time at the request of CIR or the CoC, through the CoC Board or PSDQ, to comply with HUD HMIS standards or otherwise improve HMIS operations. During any such modification periods, all existing HMIS policies and procedures will remain in effect until such time as the CoC Board approves the changes.

3. Assignment of Responsibilities

CIR may not assign rights or responsibilities of this MOU, other than specifically outlined in this MOU, to any other third party, including the HMIS Solutions Provider, without the recommendation of PSDQ and the approval of the CoC Board as evidenced in CoC Board meeting minutes.

V. SPECIFIC RESPONSIBILITIES OF THE PARTIES

1. CoC Responsibilities

The CoC Board, with input and recommendations from PSDQ, serves as the lead HMIS governance body, providing oversight, project direction, policy setting, and guidance for HMIS. The CoC Board exercises all its responsibilities for HMIS governance through the CoC Board and PSDQ, effective as of the date of the authorization of this MOU. These responsibilities include:

   a) Ensuring and monitoring compliance with relevant HUD regulations and standards;
   b) Recording and publicly posting in official meeting minutes all approvals, resolutions, and other key decisions of the CoC and PSDQ that may be required by HUD rules related to the HMIS governing body;

c) Designating the HMIS Lead Agency and the software to be used for HMIS, and approving any changes to the HMIS Lead Agency or software;

d) Reviewing and approving all HMIS Project operational agreements, policies, and procedures;

e) Reviewing data quality standards and plans, and establishing protocols for addressing CHOs' compliance with those standards;

f) Promoting the effective use of HMIS data, including measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs;

g) Using HMIS data to inform CoC program and system design, and measuring progress toward implementation of the CoC Strategic Plan and other CoC-established goals ;

h) Coordinating participation in the HMIS (and broader CoC) by all homeless prevention and assistance programs and other mainstream programs serving homeless people or working to prevent homelessness.

i) Reviewing evaluation of HMIS Lead Agency conducted by PSDQ.

j) Approving community-level report requests from stakeholders external to the CoC funded providers as recommended by PSDQ.

2. CIR Responsibilities

CIR serves as the Lead Agency for the HMIS Project, managing and administering all HMIS operations and activities. CIR exercises these responsibilities at the recommendation of PSDQ and the direction of CoC Board. These responsibilities are contingent on continued receipt of the appropriate HUD grant funding, and are as follows:

a) **Governance and Reporting**

    a. Provide sufficient staffing for operation and administration of the HMIS;

    b. Enter into a contract for HMIS Services with the designated HMIS Solution Provider;

    c. Prepare and validate the following data reports and assist with the analysis for review by the CoC and required for submission to HUD:

        i. A point-in-time (PIT) count for sheltered and unsheltered as deemed by CoC Board based on HUD guidance.

        ii. Annual Homeless Assessment Report (AHAR) completed annually based on HUD guidance.

        iii. Housing Inventory Count (HIC) completed annually based on HUD guidance.

        iv. Other reports as requested by PSDQ and/or CoC Board.

    d. Ensure the consistent contribution of data that meets all HUD-established data standards to the HMIS by, at minimum, every program operating with funds authorized by the McKinney-Vento Act as amended by the HEARTH Act, including ESG funds;

    e. Ensure the consistent contribution of data that meets all Federal Partner sources including: HUD, the Veteran's Administration (VA), Runaway and Homeless Youth (RHY), Projects for Assistance in Transition from Homelessness (PATH), Housing Opportunities for People with AIDS (HOPWA) and other partners as identified;

    f. Work with the CoC to facilitate participation by all homeless prevention and assistance programs and other mainstream programs serving homeless people to participate in the HMIS;

g. Attend PSDQ meetings;

h. Determine length of time that records must be maintained for inspection and monitoring purposes per HUD standards and ensure compliance with these standards;

i. Respond to CoC Board and PSDQ directives; and

j. Provide data needed to inform CoC progress toward achieving its Regional Plan goals and HEARTH outcomes.

b) Planning and Policy Development

a. Manage and maintain mechanisms, in coordination with PSDQ, for soliciting, collecting and analyzing feedback from end users, CHO HMIS administrators, CHO program managers, CHO executive directors, and homeless persons;

b. Identify general milestones for project management, including training and expanding system functionality, and ensure that the HMIS Action plan is carried out and regularly reviewed;

c. Develop and, upon adoption by the CoC, implement written policies and procedures for the operation of the HMIS, including requirements and standards for any CHO, and provide for the regular update of these procedures as required by changes to policy;

d. Develop and, upon adoption by the CoC, implement a data quality plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations, notice, or guidance;

e. Develop and, upon adoption by the CoC, implement a data security plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations or guidance;

f. Develop and, upon adoption by the CoC, implement a disaster recovery plan consistent with requirements established by HUD, and review and update this plan annually according to the most current HUD regulations or guidance;

g. Develop and, upon adoption by the CoC, implement a privacy policy specifying data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; and accountability standards;

h. Respond to community-level report requests from stakeholders following the approval of the PSDQ Group within the timeframe established in the report request, which should be produced with high data quality;

i. Respond to information requests from and assist in development with the PSDQ group for HMIS Lead Agency performance evaluation, and if applicable work with the PSDQ group to create a performance improvement plan;

j. Ensure privacy protection in project administration; and

k. Develop and execute HMIS Partnership Agreements with each CHO, including:
   i. Obligations and authority of the HMIS Lead and the CHO;
   ii. Protocols for participation in HMIS Project;
   iii. Requirements of the policies and procedures by which the CHO must abide;
   iv. Sanctions for violating the HMIS Partnership Agreement ; and
   v. Terms of sharing and processing Protected Identifying Information between the HMIS Lead and the CHO.

c) **Grant Administration**

    a. Prepare and submit NOFA Project Application for HUD HMIS grant in e-snaps;

    b. Create annual budget outlining the most efficient resource allocation to meet HMIS Project requirements;

    c. Support HMIS by funding eligible HMIS activities with eligible matching sources to serve as the HUD-required match;

    d. Manage spending for HUD HMIS grant;

    e. Manage the reimbursement payment process and maintain records of all reimbursement documents, funds, approvals, denials, and other required or relevant records;

    f. Ensure accurate and regular (quarterly, at minimum) draw down of HUD grant funding; and

    g. Complete and submit Annual Performance Report (APR) for HUD HMIS grant in e-snaps.

d) **System Administration**

    a. Oversee the day-to-day administration of the HMIS system;

    b. Manage contracts for the HMIS, which includes training for CHOs and CIR staff, and licensing of HMIS Server;

    c. Ensure HMIS software meets the minimum data and technical functionality requirements established by HUD in rule or notice, including de-duplication, data collection, maintenance of historical data, reporting (including HUD-required reports and data quality and audit reports), and any other requirements established by HUD;

    d. Ensure HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission, and the maintenance of privacy, security, and confidentiality protections;

    e. Develop standard reports and queries of HMIS data (e.g., data quality report, CoC report, etc.);

    f. Oversee and relate small- and large-scale changes to the HMIS through coordination with the HMIS Solution Provider, the CoC, PSDQ, and CHO HMIS administrators, if applicable;

    g. Continue monthly HMIS Committee meetings for HMIS information and updates;

    h. Outline a concept for expansion of CHO "user group " to discuss implementation of policies and procedures and data entry and upload processes;

    i. Maintain contact list of CHO Agency Administrators and End Users for all CHOs

e) **End-User Administration**

    a. Provide or coordinate technical assistance and support;

    b. Conduct annual and ongoing training of users;

    c. Document and facilitate correction of technical issues experienced by providers;

    d. Document and keep track of report requests and fulfilled report requests;

    e. Conduct an annual user satisfaction survey as recommended by the PSDQ Committee;

    f. Develop and deliver a comprehensive training curriculum and protocol, including accompanying tools and resources, that:

        i. Includes, but is not limited to, data entry requirements and techniques, client confidentiality and privacy requirements, data security, and data quality;

ii. Requires all CHO Agency Administrators to participate in trainings; it is the responsibility of the CHO Agency Administrators to ensure end users at the CHO receive training information.

iii. Is encouraged for all HMIS end users, including intake staff, data entry staff and reporting staff at all CHOs;

iv. Is offered, at a minimum, every quarter;

v. Is conducted in a manner that assures every new end user completes training prior to collecting any HMIS data or using the HMIS; and

vi. Is conducted in a manner that assures every current end user completes a training update at least annually.

f) Data Quality and Compliance Monitoring

a. Consistent with the data quality plan, establish data quality benchmarks for CHOs, including bed coverage rates, service-volume coverage rates, missing/unknown value rates, timeliness criteria, and consistency criteria;

b. Consistent with the data quality plan, run and disseminate data quality reports on a quarterly basis to CHO programs indicating levels of data entry completion, consistency with program model, and timeliness;

c. Consistent with the data quality plan, provide quarterly reports on HMIS participation rates, and data quality to the CoC and PSDQ Committee;

d. Develop process in coordination with PSDQ whereby data quality reports are distributed at CoC meetings publicly for CHOs, with de-identified CHO information, to see where they stand in relation to other providers; and

e. Monitor compliance by all CHOs with HMIS participation requirements, policies and procedures, privacy standards, security requirements, and data quality standards through an annual review per the process outlined in the Partnership Agreement and approved by the CoC Board.

g. HMIS Lead Agency Staff Training

a. Ensure adequate resources are made available to staff to meet HUD required and CoC reporting;

b. Ensure staff capacity to provide accurate regular reporting and training requirements to CHO and CoC;

c. Attend at least annual training with Bowman to ensure training and report writing capacity meets HUD standards;

d. Attend national and/or regional HMIS data related conferences to stay up to date on national trends; and

e. Provide staff with relevant training to ensure capacity to present community data in a clear and effective manner (e.g. table structure, supporting narrative, etc.)

3. Compliance with HUD Standards

It is the responsibility of the CoC to ensure that the HMIS Lead Agency is operating the HMIS in compliance with HUD Technical Standards (last update in 2004), HUD HMIS Data Standards (last update in 2015), and other applicable laws. The parties agree to update this MOU (as provided in Section VII,

Amendment/Notices), other HMIS operational documents, and HMIS practices and procedures in order to comply with any updates to these standards established in notices or other guidance, within the HUD-specified time frame for such changes.

VI. DATA ACCESS AND MANAGEMENT

It is hereby understood and acknowledged that all data is maintained in the HMIS by the HMIS Lead Agency. CIR's authorized staff shall have access to all data entered by CHOs and manage the data that is maintained in the HMIS. HMIS data may not be accessed under federal, state, or local Freedom of Information laws except by Court Order.

CIR is not authorized to provide data to unauthorized staff or external entities without prior approval by the Performance Standards and Data Quality Task Force or in cases where there is the community lacks full consensus, the CoC Board, as evidenced in official meeting minutes or written authorization. All data analysis and reporting must be authorized by the PSDQ Committee. The PSDQ Committee must review and approve non-standard reports prior to their release. CIR and all CoC members may utilize any aggregate data or reporting that is publically available.

VII.   FAILURE TO ADHERE TO MOU

Failure to adhere to this MOU may result in the institution of a performance improvement plan and/or termination of HMIS Lead Agency/System Administrator designation.

VIII.   TERMINATION OF CONTRACT

Either party may terminate this MOU at a date prior to the renewal date specified in this MOU by giving sixty (60) days written notice to the other parties. If the funds relied upon to undertake activities described in this MOU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MOU within thirty (30) days by providing written notice to the other parties. The termination shall be effective on the date specified in the notice of termination.   Any termination prior to the annual contract end date must be done with the approval and in accordance with the guidance of HUD.

If termination of this MOU occurs prior to its annual renewal and/or an award through a competitive process by either party and in accordance with the terms of HMIS Lead contract with HUD,   HMIS grant monies and CHO User Fees will be transferred to a new HMIS Lead Agency proportionate to the remaining time in the contract at the point CIR concludes HMIS services and transfers HMIS Lead responsibilities to a new HMIS Lead.

IX. AMENDMENT/NOTICES
This MOU may be amended in writing, and in agreement by both parties. Notices shall be mailed or delivered to:

Kevin Hartke
Darlene Newsom
Co-chairs
Maricopa Association of Governments Regional CoC Board of Directors
302 North 1st Avenue, Suite #300
Phoenix, AZ 85003

Catherine Rea
CEO
Community Information and Referral
2200 N Central Ave, Suite #211
Phoenix, AZ 85004

This MOU will commence upon the signature of the parties.

Kevin Hartke   _5/23/16_
Name: Kevin Hartke   Date

Title: Co-Chair, Maricopa Association of Governments Regional Continuum of Care Board

Darlene Newsom   _5-23-16_
Name: Darlene Newsom   Date

Title: Co-Chair, Maricopa Association of Governments Regional Continuum of Care Board

Catherine Rea   _5/31/16_
Name: Catherine Rea   Date

Title: CEO, Community Information and Referral

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10

The Maricopa Regional Continuum of Care Board hereby adopts the HUD Order of Prioritization for PSH:

Prioritization Recommended by HUD

Re. HUD Notice CPD-16-11, issued July 25, 2016
Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

"HUD encourages all CoCs adopt into their written standards the following orders of priority for all CoC Program-funded PSH. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. Where a CoC has chosen to not incorporate HUD's recommended orders of priority into their written standards, recipients of CoC Program-funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC's written standards."

Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

    A. **Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.**
    B. **Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.**

Order of Priority in CoC Program-funded Permanent Supportive Housing

    A. **Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds _Dedicated or Prioritized_ for Occupancy by Persons Experiencing Chronic Homelessness**

        1. CoCs are strongly encouraged to revise their written standards to include an order of priority, determined by the CoC, for CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs. Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

        2. Where there are no chronically homeless individuals and families within the CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority in Section III.B. of this Notice. For projects located in CoC's where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified sub-CoC area. 2

        3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of

chronically homeless within the CoC's geographic area, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.

4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. HUD recognizes that some persons–particularly those living on the streets or in places not meant for human habitation– might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

B. **Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds _Not Dedicated or Not Prioritized_ for Occupancy by Persons Experiencing Chronic Homelessness**

(a) **First Priority–Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs**

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs.

(a) **Second Priority–Homeless Individuals and Families with a Disability with Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(b) **Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be

considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(c) **Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing.**

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

Performance Measurement Module (Sys PM)

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		12481		58			30	
1.2 Persons in ES, SH, and TH		14420		99			47	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	208	30	14%	7	3%	11	5%	48	23%
Exit was from ES	1028	112	11%	66	6%	61	6%	239	23%
Exit was from TH	1448	80	6%	70	5%	73	5%	223	15%
Exit was from SH	19	1	5%	1	5%	2	11%	4	21%
Exit was from PH	891	56	6%	38	4%	42	5%	136	15%
TOTAL Returns to Homelessness	3594	279	8%	182	5%	189	5%	650	18%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	5918	5631	-287
Emergency Shelter Total	2558	2004	-554
Safe Haven Total	25	25	0
Transitional Housing Total	2282	2313	31
Total Sheltered Count	4865	4342	-523
Unsheltered Count	1053	1289	236

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		15167	
Emergency Shelter Total		12845	
Safe Haven Total		104	
Transitional Housing Total		3402	

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		2275	
Number of adults with increased earned income		98	
Percentage of adults who increased earned income		4%	

Performance Measurement Module (Sys PM)

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		2275	
Number of adults with increased non-employment cash income		1017	
Percentage of adults who increased non-employment cash income		45%	

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		2275	
Number of adults with increased total income		1078	
Percentage of adults who increased total income		47%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		1114	
Number of adults who exited with increased earned income		256	
Percentage of adults who increased earned income		23%	

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		1114	
Number of adults who exited with increased non-employment cash income		264	
Percentage of adults who increased non-employment cash income		24%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		1114	
Number of adults who exited with increased total income		489	
Percentage of adults who increased total income		44%	

Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		13326	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		3828	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		9498	

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		14896	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		4417	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		10479	

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		4587	
Of persons above, those who exited to temporary & some institutional destinations		495	
Of the persons above, those who exited to permanent housing destinations		312	
% Successful exits		18%	

Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		12675	
Of the persons above, those who exited to permanent housing destinations		4035	
% Successful exits		32%	

Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		5278	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		4950	
% Successful exits/retention		94%	

Agency Name:			**Program Name:**		
Program Type (Component):			**McKinney-Vento Funding Amount:**		
Date of Report:			**Completed by:**		

*Applicable measures adjusted to HUD Goals, 80% of points set equal to HUD Goal

Goals	Performance Standard	Data	Points Available	%	Points	Section Points

1: Project serves "harder to serve" homeless population.	Percentage of households served by program that meet locally defined "harder to serve" conditions at entry:
	-Meet the HUD definition of chronically homeless
	-Mental Illness
	-Alcohol Abuse
	-Drug Abuse
	-Chronic Health Conditions
	-HIV/AIDS
	-Developmental Disabilities
	-Physical Disabilities
	-Sex Offenders
		From "Physical and Mental Health Conditions at Entry" question in APR and client records for service of sex offenders.	***TOTAL - 10 pts.***
			25% of households
			  1 pt.=1 condition
			  2 pts=2 conditions
			  3 pts=3 conditions
			
			50% of households
			  4 pts=1 condition
			  5 pts=2 conditions
			  6 pts=3 conditions
			
			75% of households
			  7 pts=1 condition
			  8 pts=2 conditions
			  10 pts=3 conditions
				/10	**/10**	

2: HUD Objective: Increase Housing Stability.	**Permanent Housing (PSH and RRH) Programs Only**: Percent of homeless persons age 18 and older in PH program who remained in or exited to PH during the year. – As reported in the APR. (HUD Goal 80%= 80% of points)	APR – Housing Stability Measure	***TOTAL 10 pts.*** *10 pts = 95%+* *9 pts =89-94%* *8 pts =80-88%* *7 pts =70-79%*	**%**	**/10 or N/A**	
	Transitional Housing (TH) Programs Only: Percent of homeless persons in TH program who exited to PH during the year. – As reported in the APR. (HUD Goal 80% = 80% of points)	APR – Housing Stability Measure	*6 pts =60-69%* *5 pts = 50-59%* *4 pts = 40-49%* *3 pts =30-39%*	**%**	**/10 or N/A**	**/10**
	Safe Haven (SH) Programs Only: Percent of homeless persons in SH program who remained in SH or exited to PH during the year. – As reported in the APR. (HUD Goal 80% = 80% of points)	APR-Housing Stability Measure	*2 pts = 20-29%* *1 pt. = 10-19%* *0 pts = <9%*	**%**	**/10 or N/A**	
3: HUD Objective: Increase project participant's income. ***For each project component type (PH or TH), answer either A OR B (not both)*** *AND* **C.**	***A - Permanent Housing (PSH and RRH) Programs Only***: The percent of persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the year or program exit. (HUD Goal 54% = 80% of points)	APR – Increase Total Income Measure	***TOTAL - 5 pts.*** *5 pts = 64+%* *4 pts = 54-63%* *3 pts = 44-53%* *2 pts = 34-43%* *1 pt. = 24-33%* *0 pts = <23%*	**%**	**/5 or N/A**	
	B - Permanent Housing (PSH and RRH) Programs Only: The percent of persons age 18 through 61 who maintained or increased their earned income (i.e., employment income) as of the end of the year or program exit. (HUD Goal 20% = 80% of points)	APR – Increase Earned Income Measure	***TOTAL - 5 pts.*** *5 pts = 25+%* *4 pts = 20-24%* *3 pts = 15-19%* *2 pts = 10-14%* *1 pt. = 5-9%* *0 pts = <4%*	**%**	**/5 or N/A**	**PH /5 or N/A**
	A-Transitional Housing Programs (TH) Only: The percent of persons age 18 and older who increased their total income (from all sources) as of the end of the year or program exit. (HUD Goal 54% = 80% of points)	APR – Increase Total Income Measure	***TOTAL 5 pts.*** *5 pts = 64+%* *4 pts = 54-63%* *3 pts = 44-53%* *2 pts = 34-43%* *1 pt. = 24-33%* *0 pts = <23%*	**%**	**/5 or N/A**	
	B-Transitional Housing (TH) Programs Only: The percent of persons age 18 through 61 who increased their earned income (i.e., employment income) as of the end of the year or program exit. (HUD Goal 20% = 80% of points)	APR – Increase Earned Income Measure	***TOTAL - 5 pts.*** *5 pts = 25+%* *4 pts = 20-24%* *3 pts = 15-19%* *2 pts = 10-14%*	**%**	**/5 or N/A**	**TH /5 or N/A**

			1 pt. = 5-9% *0 pts = <4%*			
	A-Safe Haven (SH) Program Only: The percent of persons age 18 or older who maintained or increased their total income (from all sources) as of the end of the year or program exit. (HUD Goal 54% = 80% of points)	APR – Total Income Measure	**TOTAL - 5 pts.** *5 pts = 64+%* *4 pts = 54-63%* *3 pts = 44-53%* *2 pts = 34-43%* *1 pt. = 24-33%* *0 pts = <23%*	%	**/5 or N/A**	SH /5 or N/A
	C-For PH, TH and SH Programs: The percent of persons age 18 or older who maintained or increased their non-cash benefits as of the end of the year or program exit. (HUD Goal 56% = 80% of points)	APR – Non-Cash Benefits Measure	**TOTAL - 5 pts.** *5 pts = 66+%* *4 pts = 56-65%* *3 pts = 46-55%* *2 pts = 36-45%* *1 pt. = 26-35%* *0 pts = <25%*	%	**/5**	/5
***3: Subtotal**	**Total of 3 available measures (3A, 3B and 3C) in question 3**					**/10**
	Insert Income Change Measure to establish baseline – No score this year – use 0554.01 report **Please indicate percentage of clients increasing income_____%**					
4: Effective use of federal funding.	Percent of expended HUD funding for the most recent operating year.	LOCCS Report	*5 pts = 95-100%* *4 pts = 90-95%* *3 pts = 85-89%* *2 pts = 80-84%* *1 pt. = 75-89%* *0 pts = <75%*	%	**/5**	**/10**
	Percent of HUD funding drawdowns were made at least quarterly. (Number of Drawdowns from LOCCS, Ex. Four drawdowns = 100%)	LOCCS Report	*5 pts. – 4 or more* *4 pts. – 3 draws* *3 pts. – 2 draws* *2 pts. – 1 draw*	#	**/5**	
5: HMIS; Data Quality and Training.	a. Percentage of complete data (not null/missing, "don't know" or "refused" data), except for Social Security numbers.	APR	5 pts = 90-100% 4 pts = 80-89% 3 pts =70-79% 2 pts = 60-69% 1 pt. = 50-59% 0 pts = <49%	%	**/5**	**/10**
	b. Percentage of staff that have completed at least on HMIS training course within the past year (Insert HMIS GY)	HMIS Lead Agency	5 pts = 90-100% 4 pts = 80-89% 3 pts =70-79% 2 pts = 60-69% 1 pt. = 50-59% 0 pts = <49%	%	**/5**	
6: Leverage	Program leverages additional resources as part of overall program budget. Points based on percent of leverage compared to project funding.	Project Application	5 pts. = >150% 4 pts. = 125 -149.9% 3 pts. = 100 -124.9% 2 pts. = 75 - 99.9% 1 pt. = 50 - 74.9% 0 pts. = <50%	%	**/5**	**/5**
7: Community Priorities and Standards	**Participation in Coordinated Entry** **A) Welcome Center – cooperation with onboarding schedule** **B) Families or Youth - 85 % of referrals accepted by CE**	**Report from Coordinated Entry Leads**	*5 points*		**/5**	**/5**
8. CoC Engagement and Participation	**8 points** for agency having a representative as a current member of the CoC Committee and who attended at least 75% of meetings from June 1, 2015 to May 31, 2016. **If awarding points – Provide name of member and committee:**	Self-Report/ Meeting Minutes	*8 points*	N/A	**/8**	**/15**
	5 points for participation in one of the workgroups (refer to workgroup document) from June 1, 2015 to May 31, 2016. **If awarding points – Provide name of person and workgroup (refer to workgroup listing if unsure of the name of the workgroup):**	Self-Report/Confirmation with work group chair	*5 points*	N/A	**/5**	

2 points for participation in the 2016 unsheltered PIT count **If awarding points – Provide name of person and municipality of count:**	Self-Report	*2 points*	*N/A*	**/2**	

Total Score Part I (*Please complete Part II on the next page for a FINAL SCORE) - 75 Points Available*	**/75**

MAG Continuum of Care Regional Committee on Homelessness
NOFA Addendum: Program Performance Report – Part II

Agency Name: **Program Name:**

Program Type (Component):   **McKinney-Vento Funding Amount:**

Date of Assessment: **Completed by:**

Goals	Performance Standard	Data	Points Available	%	Points
9. HUD Ranking Priorities: *up to 15 points will be based on HUD Priorities as established in the relevant NOFA*	Chronic Homelessness-project **dedicates** 100% of turnover to individuals or families experiencing chronic homelessness. Housing First-project commits to operating according to a Housing First model (project must indicate by answering yes to Housing First questions and related criteria) and referring to the USICH checklist attached.	From Project Application	CH = 8 pts HF= 7 pts	N/A	**/15**
10. Commitment to Policy Priorities: *up to 10 points for commitment to and alignment with HUD Policy Priorities*	a. Cost effectiveness-project is cost effective compared to other projects funded by CoC funds. Measured by average HUD CoC investment per positive housing outcome.	Top 25% = 5 pts Middle 50% = 3 pts Bottom 25% = 0 pts	Enter project's cost per positive housing outcome: $_____ Enter project's rate of return to homelessness: _____ %	N/A	**/10**
	b. Returns to Homelessness-project achieves a 15% or less return to homelessness rate.	15% or less = 5 pts			
Total Score Part II - 25 Points Available					

Total Score Part I *(75 points available)*	
Plus Total Score Part II *(25 points available)*	
FINAL Score (Sum of Total Score Part I and II) *(100 points available)*	

Threshold
In addition to the scoring criteria, all renewal projects must meet a number of threshold criteria. A threshold review will take place prior to the review and rank process to ensure baseline requirements are met. All renewal projects must meet the following thresholds. If threshold criteria is not met, the Review and Rank Panel and the CoC Board will be notified to determine severity of non-compliance with threshold criteria and action needed. The NOFA indicates that HUD will also conduct a threshold review. Please refer to the NOFA for information on HUD's threshold review.

Check all boxes that this project is in compliance with:

☐ Project must have full and active HMIS participation, indicated by every HMIS user of the project completing training and/or passing the annual HMIS recertification exam (implemented in April 2015), unless the project is a victim services agency.
   o Project must participate (or agree to participate) in Coordinated Entry
   o *Per HUD contracts, contractors are required:*
      ▪ *To use the centralized or coordinated assessment system established by the Continuum of Care as set forth in §578.7 (a) (8). A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system, provided that victim service providers in the area use a centralized or coordinated assessment system that meets HUD's minimum requirements and the victim service provider uses that system.*

☐ Project must meet applicable HUD match requirements (25% for all grant funds except leasing).

☐ Project must report point in time bed or unit utilization rate during the operating year (percent reported in the APR – average of four point-in-times in the APR). Low utilization must have a valid explanation as well as the plan to increase the utilization rate.

☐ Project must be responsive to outstanding or pending HUD program monitoring findings. If there are currently unresolved monitoring issues, the program must fully describe and explain the agency's plan to resolve them.

☐ Project must be able to meet the HUD threshold requirements for renewal projects (Refer to NOFA).

Instructions

To capture the most recent data and measure performance for all projects that reflect current outcomes, the CoC will use the most recent data to populate the Program Performance Report.

For the 2016 NOFA, begin by running an APR report for the project for a one-year period, June 1, 2015 through May 31, 2016. These dates reflect the month prior to the issuance of the 2016 NOFA. In addition, run a LOCCS report for the project's most recent **operating** year (the most recent completed year for your grant agreement). The LOCCS report will assist you in answering question 4.

Use the APR to answer question 1. Refer to attached "Disabling Conditions Cheat Sheet" to calculate the answer. If your project provides services to families, you may calculate the answer to question 1 by totaling the number of conditions per family rather than per person. Please be prepared to share your methodology with the Ranking and Review Panel.

Use the APR to answer questions 2, 3, and 5 a.

Use the LOCCS report to answer question 4.

Providers will self-score for questions 5 b, 7, and 8. The answers to those questions will be verified by the Ranking and Review Panel through relevant reports or answers on the NOFA application.

Use the amount of leverage reported in the application to answer question 6.

For question 9 a, indicate whether your project **dedicates** 100% of turnover to individuals or families experiencing chronic homelessness. (Note: points are awarded for dedicated turnover, but not prioritized turnover.)

For 9 b, indicate whether your project follows a "Housing First" philosophy. Refer to the USICH Housing First Checklist for guidance.

For question 10 a, refer to question 36 of the APR. Divide the CoC-funded grant amount by the number that achieved the housing stability measure (actual number rather than percentage). Enter the amount in the space on question 10 a.

For question 10 b, refer to the APR question 29 a1 and 29 a2. Add the number of individuals reported to have exited to a permanent destinations reported in questions 29 a1 and 29 a2. For each participant exiting to a permanent destination, search the HMIS database for the client to determine if there is an entry/exit for the client. Calculate the total number of clients that have returned to homelessness (indicated by entry into another homeless service agency) and divide that number by the total number of clients reported in question 29. For Transitional Housing, Safe Haven, and Rapid Re-Housing projects, CIR will assist you with completing this question. Contact Michelle Thomas at mthomas@cir.org .